



July 23, 2025

Maria G. Button  
Department of Health and Human Services  
Director, Executive Secretariat  
Health Resources and Services Administration

Submitted Via:

[https://www.reginfo.gov/public/do/PRA/icrPublicCommentRequest?ref\\_nbr=202506-0915-003](https://www.reginfo.gov/public/do/PRA/icrPublicCommentRequest?ref_nbr=202506-0915-003)

**RE: HRSA Uniform Data System – Department of Health and Human Services /  
OMB 0915-0193 / ICR 202506-0915-003**

Dear Ms. Button:

On behalf of our nearly one million members, Equality California, the nation's largest statewide lesbian, gay, bisexual, transgender and queer (LGBTQ+) civil rights organization, writes to express our strong opposition to the proposed change in HRSA's Uniform Data System (UDS) that would remove data elements relating to sexual orientation and gender identity. This change would not only endanger the health and wellbeing of LGBTQ+ people across the country, but harm the Health Resources and Services Administration (HRSA)'s mandate to provide quality healthcare and fight dangerous diseases. We respectfully urge HHS to immediately withdraw this proposed rule in its entirety.

HRSA's mission is straightforward: to improve access to healthcare services for millions of low income people who are living with HIV, pregnant, geographically isolated, and uninsured. Rather than leaving vulnerable people to fend for themselves, HRSA steps in and serves as a bridge to wide-reaching and vital care.

HRSA uses the UDS to collect and analyze data from health centers in order to better inform efforts to expand access to care, address health disparities, improve quality, and reduce healthcare costs. UDS data also helps HRSA identify trends, evaluate program effectiveness, and ensure compliance with legislative mandates.

UDS is also essential in understanding how HRSA funds are spent by Health Center Program awardees. For example, 2023 data shows that 26.75% of patients are best served in a language other than English. Having this insight, especially on a program awardee level, therefore informs how patient care should be administered. Without this crucial data, providers would be left in the dark on how to provide care, and patients are not fully served.

*Equality California is a 501(c)(4) nonprofit organization.  
Your contribution is not tax deductible as it may support  
our advocacy and lobbying efforts.*

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On behalf of our community – largely, LGBTQ+ Californians and their families – Equality California has long advocated for the collection of comprehensive, voluntarily-solicited data on sexual orientation and gender identity. HRSA’s proposed change is harmful to the millions of LGBTQ+ people who rely on HRSA for their care. HHS’s own research, backed by dozens of studies, indicate that LGBTQ+ people have health disparities and chronic conditions, including disproportionately high rates of obesity, HPV infection, and certain cancers (cervical and anal). LGBTQ+ people are also more likely to live with disabilities, including HIV, at higher rates than non-LGBTQ+ people<sup>1</sup> and are less likely to have insurance.<sup>2</sup>

HRSA has not yet gone through the mandated federal regulatory process so it is shocking to see that the proposed data change has already been deleted from HRSA’s UDS reporting table. In the current version of “Table 3B: Demographic Characteristics,” the table ends at Line 12, but UDS reporting guidelines indicate Lines 13-26 should indicate questions on sexual orientation (13-19) and gender identity (20-26).<sup>3</sup>

When the page is rewound to December 2024, however, this data appears—it has been collected and published.<sup>4</sup> It is outrageous that HRSA aims to erase all mention of LGBTQ+ people in UDS. LGBTQ+ people exist and we are entitled to the same high-quality healthcare as all other Americans, which is based on science, innovation and full data collection.

Knowing who people are is essential to ensure informed healthcare. According to 2023 data (again, pulled from the archives), 4.64% of patients who declared their sexual orientation identified as lesbian, gay, bisexual, or other, while 0.45% of patients who declared their gender identity identified as transgender. LGBTQ+ people are also disproportionately more likely to be in the disadvantaged groups that HRSA aims to serve: According to UCLA’s Williams Institute, 17% of LGBTQ people lived in poverty compared to 12% of non-LGBTQ people.<sup>5</sup> Thus, knowing how poverty and LGBTQ+ identities interact within HRSA can better inform what remedies are most appropriate.

For instance, the Ryan White HIV/AIDS Program reports data (albeit using RSR not UDS) stratified based on gender identity. In their 2022 report, the program found that 2.8% of all patients are transgender, and that HIV viral suppression for transgender people (86.4%) is lower than that of both cisgender men and women (89.6% and 89.9%, respectively).<sup>6</sup> What accounts for this disparity? What about being transgender translates lower viral suppression rates? These are crucial questions that must be answered so that HRSA can carry out its goals of ending the HIV epidemic. Instead of disarming itself in a fight against this horrific disease, HRSA should maintain these vital questions on sexual orientation and gender identity for its UDS database collection, such that unique characteristics can be explored and understood to best provide care.

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<sup>1</sup> <https://www.acpjournals.org/doi/full/10.7326/M24-0636?download=true&journalCode=aim>

<sup>2</sup> <https://williamsinstitute.law.ucla.edu/publications/gaps-health-care-lgbt-ca/>

<sup>3</sup> <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=3B&year=2023>

<sup>4</sup>

<sup>5</sup> Bianca D.M. Wilson et al., “LGBT Poverty in the United States,” *Williams Institute*, February 2023, <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>.

<sup>6</sup>

<https://web.archive.org/web/20250106231008/https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-clients-served-overview-2022.pptx>;

<https://web.archive.org/web/20250106231008/https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/viral-suppression-2022.pptx>

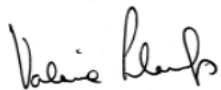
Moreover, the other proposed changes for UDS data indicate HRSA's concern with drug addiction and substance abuse (see new additions to Tables 6A and 6B: "Tobacco Use Cessation Pharmacotherapies," "Medications for Opioid Use Disorder," "Initiation and Engagement of Substance Use Disorder Treatment"). It is commendable that HRSA is collecting more data on these pressing issues, with the understanding that more data may provide further insights into how to best administer care and alleviate the opioid crisis and drug addiction across the country.

But eliminating questions about gender identity and sexual orientation will only hurt this initiative. LGBTQ+ people are more likely to use illicit drugs and tobacco, in part because tobacco companies have intentionally marketed their deadly products to the LGBTQ+ community since the 1990s.<sup>7</sup> Perhaps not surprisingly, 14.2% of LGB and 18.9% of transgender middle and high schoolers use tobacco, compared to 7.9% heterosexual and 8.2% cisgender students. Moreover, a National Survey on Drug Use and Health Data Review found that LGBTQ+ people are more than twice as likely to use illicit drugs (39.1% versus 17.1%) and almost twice as likely to suffer from illicit drug or alcohol use disorder (15.1% versus 7.8%).<sup>8</sup> Clearly, HRSA can work to alleviate these disproportionate conditions affecting LGBTQ+ people – not by refusing to ask questions relating to these identities – but instead by collecting this information and using it to understand how LGBTQ+ people suffering from substance abuse can best be treated.

HRSA can best meet its mission of "Healthy Communities, Healthy People" by treating LGBTQ+ people as a community to be understood and supported, not erased; one to be treated, not denied; and one to be celebrated, not turned away.

**The provisions set forth in this proposed change would have a significant adverse impact on the community served by Equality California. We strongly urge the Department of Health and Human Services and the Health Resources and Services Administration to immediately withdraw the proposed change.**

Sincerely,



Valerie Ploumpis  
National Policy Director

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<sup>7</sup> "Tobacco Use in LGBT Communities," Truth Initiative, May 21, 2025, <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-lgbtq-community>.

<sup>8</sup> Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016, October). Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/>