CMS Response to Public Comments Received for CMS-10437: Generic Social Marketing & Consumer Testing Research

The Centers for Medicare and Medicaid Services (CMS) received comments from the TREVOR Project. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from The TREVOR Project recommending that information about sexual orientation and gender identity be included as part of the demographic component of the package.

Response:

CMS appreciates the issue and recognizes the potential value of sexual orientation and self-reported gender identity as person-level classification variables in consumer and health services research. Our item bank is not a single assessment instrument. Instead, it was designed to cover a wide range of potential topics and research strategies. It was intended to create a framework that would allow for expeditious fielding of focused studies of emerging issues, including those aimed at specific "at risk" or "high need" populations. In that context, we believe that our current item inventory includes both structured and open-ended questions that allow for exploration of barriers to access to CMS materials and services for lesbian, gay, bisexual, transgender, and questioning (LGBTO) consumers. For example, ATG5 would allow for a question about how a CMS or HHS initiative to better meet the needs of LGBTQ consumers impacted the ability of such consumers to get and keep health insurance. There are also items that allow for measures of "potentially sensitive personal information," which could include sexual orientation and gender identity [e.g., IUG22], for purposes of enrolling in a health insurance program. More open-ended consideration of sexual orientation and gender identity could be obtained in response to items such as PE11 - PE16, for example, especially if these were incorporated into a discussion group format. We recognize that more routine and structured information on these

issues could also be useful. However, developing, validating, and implementing such measures are far beyond the scope of the present data collection as outlined in our package. Other more comprehensive Federal Surveys are available that will be collecting and disseminating information that can be used to make further refinements of these issues and to provide official estimates of coverage (e.g., the National Health Interview Survey has recently incorporated a set of new items related to new insurance provisions of the ACA as well as sexual orientation questions; gender identity questions are in the developmental stage). Our research team actively monitors these developments and will make modifications to align and refine our demographic assessment approaches based on accumulating evidence. Sexual orientation and gender identity issues are included in our review plans.