

Existing Question (2025)	Proposed Question (2026)
49. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? a. Health condition b. Disability c. Age d. Culture or religion e. Language or accent f. Race or ethnicity g. Sex (female or male) h. Sexual orientation i. Gender or gender identity j. Income"	N/A
54. Are you of Hispanic or Latino origin or descent?	N/A

55. What is your race? Please mark one or more. American Indian or Alaska Native Asian Black or African-American Native Hawaiian or other Pacific Islander White	53. What is your race or ethnicity? Please mark one or more. American Indian or Alaska Native Asian American Black or African- Hispanic or Latino Middle Eastern or North African Native Hawaiian or other Pacific Islander White
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Type of Change	Reason for Change	Burden Change
Remove question	We removed response options "sexual orientation" and "gender or gender identity" from the 2025 survey in response to Executive Order 14168, "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government". We are removing the full question in response to Executive Orders for future versions of the survey.	No
Remove question	Removing question to be in accordance with SFD-15	No

Revise	Revising question to be in accordance with SFD-15	No

Existing Question (2025)	Proposed Question (2025)	Type of Change
38. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?	N/A	Remove
39. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?	N/A	Remove
52. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? a. Health condition b. Disability c. Age d. Culture or religion e. Language or accent f. Race or ethnicity g. Sex (female or male) h. Sexual orientation i. Gender or gender identity j. Income	N/A	Remove question
60. Are you of Hispanic or Latino origin or descent?	N/A	Remove question

61. What is your race? Please mark one or more.	57. What is your race or ethnicity ? Please mark one or more.	Revise
American Indian or Alaska Native Asian Black or African-American Native Hawaiian or other Pacific Islander White	American Indian or Alaska Native Asian American Black or African- Hispanic or Latino Middle Eastern or North African Native Hawaiian or other Pacific Islander White	

Reason for Change	Burden Change
Program using data from this question is ending in 2025	No
Program using data from this question is ending in 2025	No
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Removing question to be in accordance with SFD-15	No

Revising question to be in accordance with SFD-15	No
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Existing Question (2025)	Proposed Question (2025)	Type of Change
38. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?	N/A	Remove
39. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?	N/A	Remove
47. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? a. Health condition b. Disability c. Age d. Culture or religion e. Language or accent f. Race or ethnicity g. Sex (female or male) h. Sexual orientation i. Gender or gender identity j. Income	N/A	Remove question
55. Are you of Hispanic or Latino origin or descent?	N/A	Remove question

56. What is your race? Please mark one or more.	52. What is your race or ethnicity? Please mark one or more.	Revise
American Indian or Alaska Native Asian Black or African-American Hawaiian or other Pacific Islander Native White	American Indian or Alaska Native Asian American Black or African- Hispanic or Latino Middle Eastern or North African Native Hawaiian or other Pacific Islander White	

Reason for Change	Burden Change
Program using data from this question is ending in 2025	No
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Removing question to be in accordance with SFD-15	No

Revising question to be in accordance with SFD-15	No
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Existing Question (2025)	Proposed Question (2026)
20. Are you of Hispanic or Latino origin or descent?	N/A
21. What is your race? Please mark one or more. American Indian or Alaska Native Asian Black or African-American Native Hawaiian or other Pacific Islander White	20. What is your race or ethnicity ? Please mark one or more. American Indian or Alaska Native Asian Black or African-American Hispanic or Latino Middle Eastern or North African Native Hawaiian or other Pacific Islander White

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Remove question	Removing question to be in accordance with SFD-15	No
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