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Exploring LGBTQ+ Cultural Competency and DEI in Continuing Education: A Cross-sectional Review of U.S. Pharmacy Legislation

Jennifer Ko

Chapman University, jeko@chapman.edu

Jeremy Carlos

Marshall B. Ketchum University

Yvonne Nguyen

Marshall B. Ketchum University

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Comments

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BRIEF REPORT

Exploring LGBTQ+ cultural competency and DEI in continuing education: A cross-sectional review of U.S. pharmacy legislation

Jennifer Ko^{*}, Jeremy Carlos, Yvonne Nguyen

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ABSTRACT

Background: Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or other sexual orientations or gender identities (LGBTQ+) cultural competency training is offered in pharmacy curricula to variable extents. State legislation directly dictates pharmacist training through continuing pharmacy education (CPE) requirements.

Objectives: This study aimed to identify the U.S. states and the District of Columbia (D.C.) that require CPE or training on topics related to LGBTQ+ cultural competency or topics related to diversity, equity, and inclusion (DEI) in general. In addition, this study quantified and compared each state's CPE hours required for each renewal period.

Methods: This cross-sectional study retrospectively examined pharmacy legislation on CPE requirements for each of the 50 U.S. states and D.C. Only state legislation that was signed into law and related to pharmacy practice was included. Official websites for each board of pharmacy were identified to locate lawbooks, laws, rules, regulations, and statutes specific to pharmacy practice. Search terms included "lgbt," "lgbtq," "cultural," "cultural competency," "equity," "health equity," "implicit," and "implicit bias." Two study investigators independently collected data from March 2023 to April 2023. Data were re-reviewed for accuracy in January 2024. Discrepancies were resolved through discussion until a consensus was reached. The total number of required CPE hours, years for each pharmacist license renewal, required LGBTQ+ cultural competency CPE hours, and required DEI-focused CPE hours were described using descriptive statistics.

Results: A total of 44 of 51 states and D.C. required 30 CPE hours for each 2-year renewal cycle or 15 CPE hours for each 1-year renewal cycle. California and D.C. had LGBTQ+ cultural competency CPE requirements of 1 CPE hour or 2 CPE hours per cycle, respectively. Five additional states, Illinois, Maryland, Michigan, Oregon, and Washington, required training or CPE on topics related to DEI as a whole.

Conclusion: Few U.S. states require CPE on LGBTQ+ cultural competency. This study highlights the need for standardized pharmacist training in LGBTQ+ health care.

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Background

Individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or other

sexual orientations or gender identities (LGBTQ+) continue to experience considerable health-related disparities and challenges. In particular, LGBTQ+ individuals are more likely to report negative provider experiences such as being blamed for health problems or having their concerns dismissed.¹ Each member of the LGBTQ+ community can have widely variable experiences with the U.S. health care system. Unfortunately, those with lower levels of income or education often experience greater disparities and discrimination.¹ Concerted efforts are necessary to mitigate these disparities.² Accordingly, an objective of Healthy People 2030 is to improve the health and well-being of LGBTQ+ populations by addressing health behavior objectives and systemic problems.³

Ethics review and approval: Exempted from institutional review board approval owing to lack of protected health information and utilization of publicly available data.

*** Correspondence:** Jennifer Ko, PharmD, MPH, BCACP, APh, Assistant Professor of Pharmacy Practice, Chapman University School of Pharmacy, 9401 Jeronimo Rd., Irvine, CA 92618.

E-mail address: jeko@chapman.edu (J. Ko).

ORCID

Jennifer Ko: <http://orcid.org/0000-0002-9781-1453>

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Key Points**Background:**

- Individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or other sexual orientations or gender identities (LGBTQ+) experience considerable health-related disparities.
- Current coverage of LGBTQ+ health topics in pharmacy curricula is lacking.

Findings:

- Few states enacted legislation requiring pharmacists to complete LGBTQ+ cultural competency continuing pharmacy education (CPE) or CPE on topics related to diversity, equity, and inclusion as a whole.

There have been increasing efforts to improve LGBTQ+ cultural competency training in multiple health professions.^{4,5} Studies on such training have demonstrated improvements in knowledge of LGBTQ+ culture and health/health disparities, skills working with LGBTQ+ patients, attitudes toward individuals who identify as LGBTQ+, behaviors toward LGBTQ+ affirming practices, and culturally competent communication and using inclusive language.⁵⁻⁸ As awareness of cultural competency in health care steadily rises, so does the pharmacist's role in delivering care to the LGBTQ+ community. However, although topics related to LGBTQ+ health have been increasingly covered in U.S. pharmacy curricula, many pharmacy faculty and administrators believe that current coverage of LGBTQ+ health topics is lacking.⁹⁻¹¹ Furthermore, there is a notable demand for increased emphasis on mental health, health care for LGBTQ+ adolescents, and transgender health care.⁹⁻¹¹ These gaps in knowledge are evident in practice; many community pharmacists report apprehension or lack of confidence in providing care to individuals who identify as transgender or nonbinary.¹²⁻¹⁴ These findings highlight the pressing necessity for further training to meet the evolving health care needs of the LGBTQ+ community.

Requiring pharmacists to complete continuing pharmacy education (CPE) on providing care to LGBTQ+ individuals is one way to improve the care provided to this community. However, the extent to which U.S. states and the District of Columbia (D.C.) require CPE related to LGBTQ+ care, or require training on diversity, equity, and inclusion (DEI) in general, is not well established. As accessible health care providers, pharmacists are uniquely positioned to address health disparities by increasing access to care.

Objective

The purpose of this study was to identify the U.S. states and D.C. that require cultural competency CPE on providing care to patients who identify as LGBTQ+ or topics related to diversity, equity, and inclusion (DEI) in general and to summarize the content required. In addition, this study quantified and

compared each state's CPE hours required for each renewal period.

Methods

This was a cross-sectional study that reviewed state legislation that govern the pharmacy profession for each of the 50 U.S. states and D.C. Only state legislation that was signed into law and related to pharmacy practice was included. Proposed legislation that had not been signed into law was excluded. State legislation related to other health occupations or professions were referenced if they were explicitly mentioned in pharmacy laws and legislation. Official websites for each board of pharmacy were identified to locate state lawbooks, laws, rules, regulations, and statutes specific to pharmacy practice. Sections related to licensing and CPE requirements were reviewed. In addition, pharmacy laws and legislation were also reviewed for the terms "lgbt," "lgbtq," "cultural," "cultural competency," "equity," "health equity," "implicit," and "implicit bias." These terms were referenced in pharmacy legislation that described required LGBTQ+ cultural competency CPE or required training on topics related to DEI. These terms were selected after our initial review of pharmacy licensing and CPE legislation to capture required training on DEI topics discussed in other sections of pharmacy legislation.

All data were independently collected by 2 study investigators for each of the 50 U.S. states and D.C. from March 2023 to April 2023. The data were reviewed for accuracy again in January 2024. Discrepancies were reviewed and resolved by discussion until a consensus was reached. A standardized data collection form was used, and the following information was retrieved for each state and D.C.: length of time for each pharmacist license renewal cycle, number of required CPE hours for each renewal cycle, nominal data on LGBTQ+ cultural competency CPE requirements (i.e., the number of hours required and content covered), DEI-focused CPE or training requirements (i.e., the number of hours required and content covered), and corresponding legal citations. When applicable, an effort was made to contact state boards of pharmacy for clarification or additional information. Descriptive data analysis was completed to interpret findings on the total number of required CPE hours, number of years for each pharmacist license renewal cycle, and number of required LGBTQ+ cultural competency or DEI-focused CPE hours for each renewal.

Results

Of the 51 U.S. states and D.C., 44 states required 30 CPE hours for each 2-year renewal cycle, 45 CPE hours for each 3-year renewal cycle (New York), or 15 CPE hours for each 1-year renewal cycle.¹⁵⁻⁵⁷ Exceptions to this included Colorado, South Dakota, and Wyoming, each requiring 24 CPE hours for a 2-year renewal cycle or 12 CPE hours for a 1-year renewal.⁵⁸⁻⁶⁰ In contrast, Massachusetts, Montana, Ohio, and D.C. each required 40 CPE hours for a 2-year renewal cycle or 20 CPE hours for a 1-year renewal cycle.⁶¹⁻⁶⁴

In total 1 state and 1 district, California and D.C., had LGBTQ+ cultural competency CPE requirements.^{64,65} California requires 1 CPE hour for each renewal on cultural competency that focuses on patients who identify as LGBTQ+; covers recognized health disparities faced by black, indigenous, and

Table 1
Required LGBTQ+ cultural competency continuing education for pharmacists by state

State	CPE Term (y) CPE (h)	Cultural competency CPE requirement	Content required (direct quotations)	Legal citation
CA	Term: 2 CPE: 30	Enacted Beginning January 1, 2024, must complete 1 CPE h on cultural competency for each renewal	<ul style="list-style-type: none"> • “Cultural competency course” means a cultural competency and humility course that meets the following criteria: <ul style="list-style-type: none"> ◦ The course focuses on patients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, or queer, or who question their sexual orientation or gender identity and expression ◦ The course is approved from an accreditation agency approved by the board. ◦ The course covers recognized health disparities faced by Black, Indigenous, and people of color. ◦ The course contains elements demonstrating how sexual identity is directly impacted through intersectionality. 	CA Assembly Bill No. 2194; Business & Professions Code Section 4231
D.C.	Term: 2 CPE: 40	Enacted Beginning with the renewal period ending February 28, 2019, must complete 2 CPE h on cultural competency or specialized clinical training for each renewal	<ul style="list-style-type: none"> • The instruction required [...] shall, at a minimum, provide information and skills to enable a health professional to care effectively and respectfully for patients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”), which may include: <ul style="list-style-type: none"> ◦ Specialized clinical training relevant to patients who identify as LGBTQ, including training on how to use cultural information and terminology to establish clinical relationships; ◦ Training that improves the understanding and application, in a clinical setting, of relevant data concerning health disparities and risk factors for patients who identify as LGBTQ; ◦ Training that outlines the legal obligations associated with treating patients who identify as LGBTQ; ◦ Best practices for collecting, storing, using, and keeping confidential, information regarding sexual orientation and gender identity; ◦ Best practices for training support staff regarding the treatment of patients who identify as LGBTQ and their families; ◦ Training that improves the understanding of the intersections between systems of oppression and discrimination and improves the recognition that those who identify as LGBTQ may experience these systems in varying degrees of intensity; and ◦ Training that addresses underlying cultural biases aimed at improving the provision of nondiscriminatory care for patients who identify as LGBTQ. 	D.C. Code Title 17 §6513; Title 3 §1205.10

Abbreviations used: CPE, continuing pharmacy education; CA, California; D.C., District of Columbia; LGBTQ+, lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or other sexual orientations or gender identities.

people of color; and contains elements demonstrating how sexual identity is affected through intersectionality.⁶⁵ D.C. requires 2 CPE hours for each renewal that provides information and skills to effectively and respectfully care for individuals who identify as LGBTQ+. Details of these requirements are presented in [Table 1](#).

Five additional states, Illinois, Maryland, Michigan, Oregon, and Washington, had CPE or training requirements related to

DEI in general, defined here as training on topics related to implicit bias, cultural competency, or health equity. Implicit bias training was required for pharmacists in Illinois, Maryland, and Michigan, whereas cultural competency CPE (not explicitly related to individuals who identify as LGBTQ+) was required for Oregon pharmacists and health equity CPE was required for Washington pharmacists.^{66–68} Michigan, Oregon, and Washington required DEI training to be completed for

Table 2
Required DEI continuing education or training for pharmacists by state

State	CPE Term (y) CPE (h)	CPE or training requirement	Content required (direct quotations)	Legal citation
IL	Term: 2 CPE: 30	Enacted Beginning January 1, 2023, must complete 1-h implicit bias awareness training	<ul style="list-style-type: none"> The implicit bias awareness training course shall include, at a minimum, the following topics; <ul style="list-style-type: none"> Explanation of implicit bias; the difference between explicit and implicit biases; Causes of implicit bias; how they form and operate; Effects of implicit bias; the harms they cause; and Recognizing, interrupting and mitigating implicit bias. 	Illinois Administrative Code Section 1130.500
MD	Term: 2 CPE: 30	Enacted Attest to completing an approved implicit bias training program the first license/ certificate renewal after April 1, 2022	<ul style="list-style-type: none"> Content encompasses definition of implicit bias defined in Senate Bill 5 / House Bill 28. Training programs are either recognized by the Health Occupations Board, accredited by the Accreditation Council for Continuing Medical Education, or approved by the Maryland Office of Minority Health and Health Disparities (OMHHD) or approved by the Cultural and Linguistic Health Care Professional Competency Program. 	MD. Code Ann., Health Occ. § 1- 225
MI	Term: 2 CPE: 30	Enacted Submit proof of completing a minimum of 2 h of implicit bias training within 5 y immediately preceding license issuance, and 2 h every renewal period	<ul style="list-style-type: none"> The implicit bias training must be related to reducing barriers and disparities in access to and delivery of health care services Training content must include, but is not limited to, 1 or more of the following topics: <ul style="list-style-type: none"> Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity. Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services. The historical basis and present consequences of implicit biases based on an individual's characteristics. Discussion of current research on implicit bias in the access to and delivery of health care services. Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments 	R 338.7004
OR	Term: 2 CPE: 30	Enacted 2 CPE h for each renewal on course approved by the Oregon Health Authority or any cultural competency CPE	<ul style="list-style-type: none"> Must teach attitudes, knowledge and skills that enable a health care professional to care effectively for patients from diverse cultures, groups and communities, including but not limited to: <ul style="list-style-type: none"> Applying linguistic skills to communicate effectively with patients from diverse cultures, groups and communities; Using cultural information to establish therapeutic relationships; and Eliciting, understanding and applying cultural and ethnic data in the process of clinical care. 	OR Health Authority ORS 413.450
WA	Term: 2 CPE: 30	Effective January 18, 2024 1 CPE h on health equity for each renewal	<ul style="list-style-type: none"> Must include instruction on skills to address the structural factors, such as bias, racism, and poverty, that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess how the licensee's social position can influence their relationship with patients and their communities. These skills enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity. The courses must assess the licensee's ability to apply health equity concepts into practice. 	RCW 43.70.613

Abbreviations used: CPE, continuing pharmacy education; DEI, diversity, equity, and inclusion; IL, Illinois; MD, Maryland; MI, Michigan; OR, Oregon; WA, Washington.

each renewal period. Details on the DEI CPE or training requirements for each of these states are presented in Table 2. In Ohio, CPE on cultural competency was not required, but was strongly encouraged.⁶⁹

Discussion

Few states enacted legislation requiring pharmacists to complete LGBTQ+ cultural competency CPE or CPE on topics related to DEI as a whole. California and D.C. were the only state and district that required LGBTQ+ cultural competency CPE. Other states that required CPE or training on topics related to DEI included Illinois, Maryland, Michigan, Oregon, and Washington. These requirements included implicit bias training, CPE on cultural competency, or CPE on health equity.

Although both D.C. and California have passed legislation requiring LGBTQ+ cultural competency CPE, the requirements differed in several ways. From a quantitative standpoint, D.C. required 2 CPE hours for each 2-year renewal period whereas California required 1 CPE hour each 2-year renewal. Furthermore, the LGBTQ+ cultural competency CPE required in California was focused on learning about health disparities experienced by individuals who identify as LGBTQ+ and as a person of color, as well as the intersectionality of these identities. The CPE required in D.C. provided more detailed examples on the skills and information that may satisfy the CPE requirement. Like the Assembly Bill passed in California, examples included in the Code of the District of Columbia addressed the impact of intersectionality and health disparities on patients who identify as LGBTQ+. However, the D.C. statute also included topics on how to use cultural information and terminology to establish clinical relationships, how to confidentially collect and store information on sexual orientation and gender identity, best practices for training support staff on treating patients who identify as LGBTQ+, and training that addresses underlying cultural biases to provide nondiscriminatory care. Both California and D.C.'s CPE requirements applied to pharmacists and pharmacy technicians.

This study found that the majority of U.S. states do not require LGBTQ+ cultural competency training or CPE on topics broadly addressing DEI. Owing to the lack of required training on inclusive patient care, pharmacists may have widely variable levels of competency, which results in discordant patient care. Ultimately, whether pharmacists receive training on inclusive patient care depends on the setting they work in or the school of pharmacy they attended. A previous systematic review and meta-analysis on LGBTQ+ cultural competency training for health professionals showed that many health care work settings (e.g., primary care clinics, acute care hospitals, long-term care facilities, community facilities, mixed health care settings) offered voluntary LGBTQ+ cultural competency training, and a minority (23%) of health care settings had mandatory trainings.⁵ In pharmacy curricula, topics related to LGBTQ+ cultural competency have been incorporated in variable ways, often times focusing specifically on transgender-related care.^{7,8,70–72} Still, nearly 50% of schools do not include transgender-related care in the curriculum and did not have an interest in doing so.⁷⁰ State legislation only started requiring LGBTQ+ CPE in 2019; consequently more recent data are necessary to better reflect the current climate of pharmacy education. Importantly, many transgender or gender

nonconforming patients worry about experiencing discrimination at pharmacies and believe that pharmacists have little or no competency in providing gender-affirming care.^{73,74} Requiring LGBTQ+ cultural competency training will help pharmacists uphold the Oath of a Pharmacist to promote inclusion, embrace diversity, and advocate for justice to advance health equity and to assure optimal outcomes for all patients.⁷⁵

There were several limitations to this study. First, owing to the dynamic nature of state legislature, it is possible that new state statutes were passed or amended since the completion of this study. An effort was made to review the legislature and update the results accordingly. Second, this study reviewed pharmacy legislation and did not include other health care professional legislation unless explicitly referenced in pharmacy legislation. This may result in legislation pertaining to pharmacy practice that was missed. Third, proposed legislation requiring CPE on LGBTQ+ cultural competency or DEI topics was not evaluated in this study. Finally, owing to the descriptive nature of this study, the impact of LGBTQ+ cultural competency CPE was not assessed.

Future directions include further research in states that require DEI-focused CPE or training to assess the effects on care provided to communities of diverse backgrounds. In particular, a study that evaluates pharmacist's perceptions on providing care to diverse populations can describe the impact of requiring DEI-focused CPE on pharmacist's self-rated competency. Above all, it is imperative to determine whether DEI-focused CPE requirements improve patient care. One possible research question is to assess the perceptions of patients who identify as LGBTQ+ on the care provided by pharmacists who have completed required LGBTQ+ cultural competency CPE. Considering the complexities of overcoming political inertia, further research that evaluates the political climate of states that require DEI-focused CPE, compared with states without these requirements, can help assess next steps.

Conclusion

Few U.S. states and D.C. require CPE on LGBTQ+ cultural competency or topics related to DEI. Requiring LGBTQ+ cultural competency training helps ensure that pharmacists uphold the Oath of the Pharmacist to promote DEI in patient care. Further research is necessary to assess the impact of LGBTQ+ cultural competency on health disparities experienced by the LGBTQ+ community.

Disclosure

The authors declare no relevant conflicts of interest or financial relationships.

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Jennifer Ko, PharmD, MPH, BCACP, APh, Assistant Professor of Pharmacy Practice, Chapman University School of Pharmacy, Irvine, CA

Jeremy Carlos, BS, PharmD Candidate, Marshall B. Ketchum University College of Pharmacy, Fullerton, CA

Yvonne Nguyen, BA, PharmD Candidate, Marshall B. Ketchum University College of Pharmacy, Fullerton, CA