






2025 State of Patient Access Scorecard

The PAN Foundation’s *State of Patient Access* initiative aims to examine healthcare access and affordability challenges and their impact on different communities. To crystallize key findings from the national patient survey and synthesize the state of patient access in the United States, we created a scorecard with five dimensions:

	 Overall Access to Care		 Relationship with Healthcare Professionals		 Affordability of Prescription Medications		 Access to Treatment through Healthcare Plans		 Financial Toxicity			
Overall Grade												
Total*	C	=	C+	=	B	=	B-	↓	D-	=	D+	↓
LGBTQIA+	D	=	C-	=	C+	↑	C	=	F	=	F	=
Non-LGBTQIA+	C	=	C+	=	B	=	B-	=	D-	=	C-	=

↑ Better than 2024 ↓ Worse than 2024 = Same as 2024

A+	97-100	B+	87-89	C+	77-79	D+	67-69	F	0-59
A	93-96	B	83-86	C	73-76	D	65-66		
A-	90-92	B-	80-82	C-	70-72	D-	60-64		

Despite minor directional shifts between 2024 and 2025, the story remains the same: LGBTQIA+ patients consistently rate their healthcare experiences lower than non-LGBTQIA+ patients, with an overall score of "D" (65.7) versus a "C" (75.2) for the general population. The *Overall Access to Care* rating among LGBTQIA+ patients ("C-," or 70.3) is notably lower than the rating among non-LGBTQIA+ patients ("C+," or 79.4).

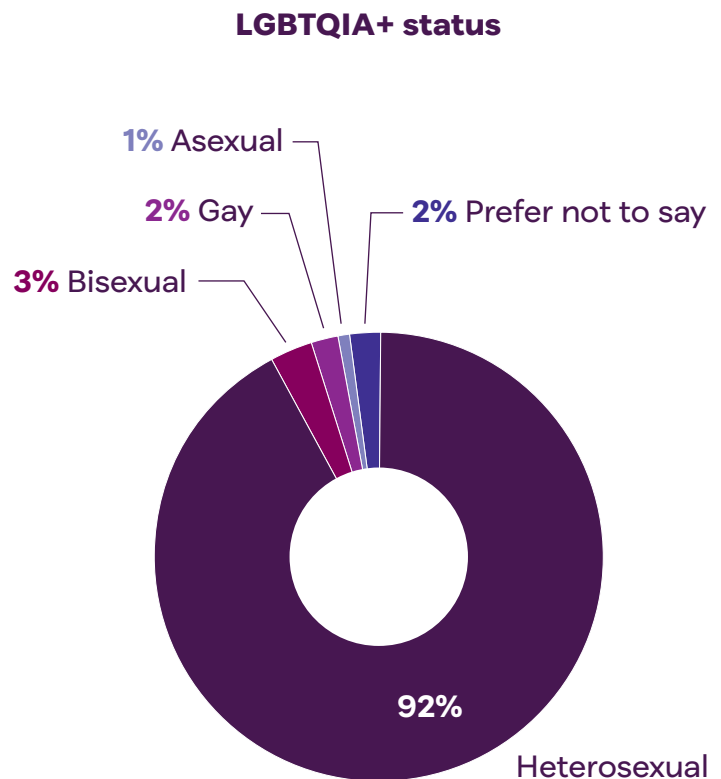
Even on the best overall measure, *Relationship with Healthcare Professionals* (HCPs), LGBTQIA+ patients rate it a "C+" (77.7), compared with a "B" (84.8) among non-LGBTQIA+ patients. The worst category in the scorecard—*Access to Treatment through Healthcare Plans*—scored an "F" (54.1) among LGBTQIA+ respondents (vs. a "D-," or 63.5, among non-LGBTQIA+ respondents). *Financial Toxicity* ranks even lower for LGBTQIA+ patients, earning a 51.2 ("F") while non-LGBTQIA+ patients give it nearly 20 points more (70, or "C-").

*Total row represents the cumulative score for each measure as reflected in the full 2025 State of Patient Access report scorecard.

Key findings

- **LGBTQIA+ patients experience lower quality of care and longer diagnosis delays.**

LGBTQIA+ patients are significantly more likely to rate the quality of care they received as fair or poor (37%, compared with 13% of non-LGBTQIA+ patients). This group also reported experiencing longer wait times for diagnoses after the onset of symptoms, with half (52%) reporting that they had waited a year or more, and 20% reporting that they had waited six or more years (compared with 38% and 11% of non-LGBTQIA+ counterparts, respectively). Nearly half (47%) of LGBTQIA+ patients reported that it had been very or extremely difficult to get a diagnosis, compared with about one-third (32%) of other patients.



- **LGBTQIA+ patients face more challenges accessing care across the board compared with non-LGBTQIA+ counterparts.** Nearly three-quarters (72%) of LGBTQIA+ patients reported logistical challenges accessing needed care, compared with 48% of non-LGBTQIA+ patients. Overall, LGBTQIA+ patients graded their ability to access needed care in the past 12 months worse than their counterparts, with 36% giving it a “C” or below, compared with 17% of non-LGBTQIA+ patients.

- **LGBTQIA+ patients were more likely to cite personal identity characteristics as barriers to care.** More LGBTQIA+ patients also perceive negative impacts of their identity on access to care than others (65% vs. 36%), with 13% citing gender identity and 12% pointing to their sexual orientation as factors that negatively impact their ability to access the best possible healthcare, compared with 3% and 2% of non-LGBTQIA+ patients, respectively. LGBTQIA+ patients were also more likely than non-LGBTQIA+ patients to identify other factors, such as income (31% vs. 14%) and employment (13% vs. 6%), as barriers to access.

- **There is a higher prevalence of mental health conditions in the LGBTQIA+ community, according to our data, which lays a foundation for related access challenges.** A majority (70%) of LGBTQIA+ patients report having a mental health condition, compared to 29% of non-LGBTQIA+ patients, a gap four points wider than in 2024. For 40% of LGBTQIA+ patients who have been diagnosed with multiple chronic health conditions, a mental health condition had the greatest negative impact on their ability to access care, compared with just 17% of non-LGBTQIA+ patients.



Health insurance challenges are worse for LGBTQIA+ patients, who are twice as likely to be uninsured (8% vs. 4%) and are more often covered by Medicaid (26% vs. 12%) compared with non-LGBTQIA+ patients. Nearly one in four (23%) LGBTQIA+ patients said the quality of their insurance coverage got worse in the past year, compared with 16% of others. LGBTQIA+ patients report more difficulties in understanding health plan details (62% vs. 49%) and accessing prescription medications through insurance in the past 12 months (62% vs. 47%) than non-LGBTQIA+ counterparts. LGBTQIA+ patients also report more challenges affording their health plan deductibles (45% vs. 35% among those who have deductibles), and a greater desire for help navigating care than non-LGBTQIA+ patients (74% vs. 53%).

- **LGBTQIA+ patients report more challenges with their healthcare provider (HCP) relationships than others, who generally give high marks to these measures.** Nearly half (49%) of LGBTQIA+ patients who have seen an HCP in the past 12 months report interaction-related challenges (vs. 27%) and are twice as likely to feel that their HCPs do not treat them as partners in their own care (24% vs. 12%). Trust issues are more common among LGBTQIA+ patients, particularly in their feelings towards primary care physicians (8% vs. 4% find them not trustworthy) and nurses (12% vs. 4%), with trust in NP/PAs, nurses, and PCPs all slightly declining for LGBTQIA+ patients this year compared with last year.

▪ **LGBTQIA+ patients struggle more to afford their prescription medications.**

Affordability of Prescription Medications earned a “C” from LGBTQIA+ patients, compared with a “B-” from non-LGBTQIA+ patients. A higher percentage of LGBTQIA+ patients found it difficult to afford medications in the past 12 months compared to non-LGBTQIA+ patients (31% vs. 22%). They are also more worried about future (next 12 months) drug costs (48% vs. 36%) and report taking financial measures such as reducing spending in other areas to manage these expenses (52% vs. 39% among those who take at least one prescription medication). Due to costs, 29% of LGBTQIA+ patients could not get a prescribed drug in the past 12 months (vs. 21% of non-LGBTQIA+ patients) and 92% of them had negative health consequences (directionally higher than 82% of non-LGBTQIA+ patients).

▪ **Overall, financial toxicity is worse for LGBTQIA+ patients than others.**

LGBTQIA+ patients rate *Financial Toxicity* as an "F" (51.2), with significant concerns about medication affordability and its impact on emotional, mental, and physical well-being (45% vs. 24%). In contrast, non-LGBTQIA+ patients rated *Financial Toxicity* a “C-” (70.0).

Follow us on social media:



Learn more at
panfoundation.org.

PAN
Foundation

