



## **HB1120 - Health Care Providers and Health Benefit Plans - Discrimination in Provision of Services**

Presented to the Hon. Shane Pendergrass and Members of the Health & Government Operations Committee

February 20, 2020 1:00 p.m.

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### **POSITION: SUPPORT**

NARAL Pro-Choice Maryland **urges the House Health and Government Operations Committee a favorable report on HB1120 Health Care Providers and Health Benefit Plans - Discrimination in Provision of Services**, sponsored by Delegate Ariana Kelly.

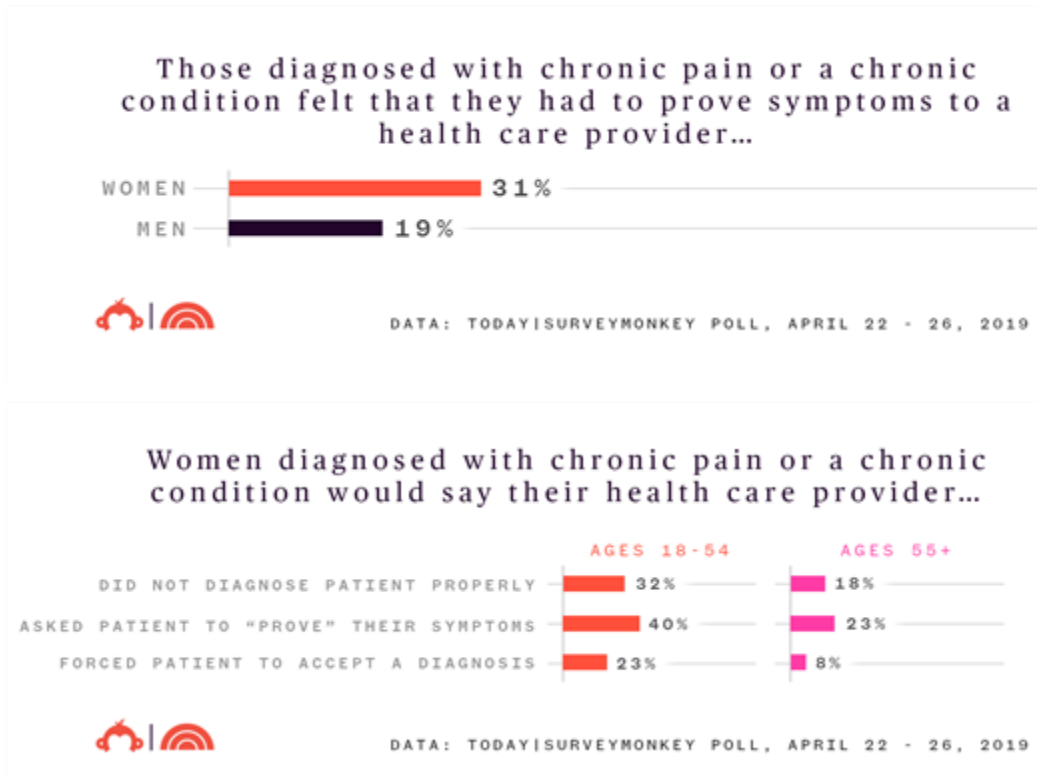
Our organization is an advocate for reproductive health, rights, and justice. We fight for equal access to high-quality, informed, and affordable healthcare, including sexual and reproductive healthcare, for all. In doing so, we support HB1120 as it seeks to strengthen Maryland's antidiscrimination protections in healthcare.

Currently, Maryland forbids hospitals from discriminating against people on account of race, color, or national origin. However, discrimination in care goes beyond these categories, and our laws should recognize this in order to achieve the best health outcomes for all Marylanders. Discrimination in healthcare is not only a problem of justice, but one of public health. Individuals who experience discrimination while seeking medical care may stop seeking healthcare altogether. Furthermore, discrimination itself is a health issue. "Minority stress," or the experience of persistent stress caused by repeated institutional and interpersonal discrimination, can lead to mental and physical health problems among members of stigmatized groups.<sup>i</sup> This phenomenon has been tied to negative physical and mental health outcomes among racial minorities, including heart disease and high blood pressure.<sup>ii</sup> Counterproductively, healthcare is often an additional site of discrimination.

Minority groups have complex relationships with the healthcare system. LGBTQ people are particularly vulnerable to health disparities and have unique health needs, such as use of assisted reproductive technologies, HIV-related care, hormone replacement therapy, and gender-affirming surgeries. Approximately 8 percent of LGBTQ people report having either delayed or forgone medical care due to fear of discrimination, with rates of avoidance particularly high for transgender people and for those who have already experienced discrimination in a healthcare setting.<sup>iii</sup> Transgender people suffer significant health disparities aggravated by stigma, discrimination, and socioeconomic barriers, including disproportionately high rates of clinical depression and anxiety, smoking and drug use, HIV infection, and suicide.<sup>iv</sup> Unequal access to healthcare compounds these health problems. Many LGBTQ people struggle to find healthcare providers who "offer the services they need," will treat them with respect, or provide them with care at all.<sup>v</sup> According to Human Rights Watch, in 2016, 8 percent of lesbian, gay, and bisexual people and 29 percent of transgender people were denied care by a provider because of their sexual orientation or gender identity, and 9 percent of lesbian, gay, and bisexual people and 21 percent of transgender people experienced harassment from a provider.<sup>vi</sup>

Discrimination is also a barrier to healthcare access for women. Nearly one in five women report experiencing gender-based discrimination from a doctor or at a health clinic, and one in ten report avoiding seeking medical care due to discrimination concerns.<sup>vii</sup> Avoidance rates are particularly high for Native American, Latina, and LGBTQ women, and black women. This aggravates broader health disparities between white women and

women of color. For example, black women are almost four times as likely to die in childbirth than white women, and women of color experience disproportionately high rates of diabetes and heart disease.<sup>viii</sup> Additionally, discrimination rates are particularly high for women suffering from chronic conditions. According to a 2019 TODAY and SurveyMonkey poll, 26 percent of women with chronic pain diagnoses felt that their symptoms were ignored or dismissed, compared with only 18 percent of men, with particularly high dismissal rates for women under the age of 34.<sup>ix</sup> Women also more often reported feeling pressured to prove their symptoms to their doctor than men.



HB1120 would address some of these disparities by prohibiting providers from discriminating on account of religion, sex, age, marital status, gender identity, sexual orientation, genetic information, and disability in their provision of care. Given recent efforts to rollback healthcare antidiscrimination protections at the federal level, the need to strengthen Maryland’s antidiscrimination laws is urgent. The Trump/Pence Administration has proposed rules that would allow insurance companies to deny coverage and healthcare providers to deny care based on a patient’s gender identity or whether a patient has terminated a pregnancy.<sup>x</sup> By passing HB1120, Maryland would protect and advance access to healthcare for all Marylanders.

Discrimination should never be a barrier to healthcare. HB1120 would bring Maryland a step closer to equitable healthcare for all and reinforce our state’s intolerance for prejudice. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on HB1120**. Thank you for your time and consideration.

<sup>i</sup> SteelFisher, Gillian K., Mary G. Findling, Sara N. Bleich, Logan S. Casey, Robert J. Blendon, John M. Benson, Justin M. Sayde, and Carolyn Miller. “Gender Discrimination in the United States: Experiences of Women.” *Health Services Research* 54, no. 52 (2019): 1442–53. <https://doi.org/10.1111/1475-6773.13217>.

<sup>ii</sup> Id.

<sup>iii</sup> Thoreson, Ryan. “‘You Don’t Want Second Best’: Anti-LGBT Discrimination in US Health Care.” Human Rights Watch, July 23, 2018. <https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care>.

<sup>iv</sup> Safer, Joshua D., Eli Coleman, Jamie Feldman, Robert Garofalo, Wylie Hembree, Asa Radix, and Jae Sevelius. “Barriers to Health Care for Transgender Individuals.” *Current Opinions in Endocrinology, Diabetes, and Obesity* 23, no. 2 (April 1, 2016): 168–71. <https://doi.org/10.1097/MED.0000000000000227>.

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- <sup>v</sup> Thoreson, Ryan. “‘You Don’t Want Second Best’: Anti-LGBT Discrimination in US Health Care.” Human Rights Watch, July 23, 2018. <https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care>.
- <sup>vi</sup> Id.
- <sup>vii</sup> SteelFisher, Gillian K., Mary G. Findling, Sara N. Bleich, Logan S. Casey, Robert J. Blendon, John M. Benson, Justin M. Sayde, and Carolyn Miller. “Gender Discrimination in the United States: Experiences of Women.” *Health Services Research* 54, no. S2 (2019): 1442–53. <https://doi.org/10.1111/1475-6773.13217>.
- <sup>viii</sup> “Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care.” Center for Reproductive Rights, 2014. [https://www.reproductiverights.org/sites/default/files/documents/CERD\\_Shadow\\_US.pdf](https://www.reproductiverights.org/sites/default/files/documents/CERD_Shadow_US.pdf).
- <sup>ix</sup> TODAY. “Feel Discriminated against at the Doctor’s Office? TODAY Survey Finds You’re Not Alone.” TODAY, May 13, 2019. <https://www.today.com/health/today-survey-finds-gender-discrimination-doctor-s-office-serious-issue-t153641>.
- <sup>x</sup> See Proposed Rule 84 FR 27846. <https://www.federalregister.gov/documents/2019/06/14/2019-11512/nondiscrimination-in-health-and-health-education-programs-or-activities>.