DEPARTMENT OF HEALTH BEHAVIOR AND HEALTH EDUCATION



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April 4, 2019

The Honorable Jerrold Nadler Chairman, Committee on the Judiciary U.S. House of Representatives

The Honorable Doug Collins Ranking Member, Committee on the Judiciary U.S. House of Representatives

Dear Chairman Nadler, Ranking Member Collins, and Members of the Judiciary Committee:

We are writing this letter as three experts in the physical and mental health and health care experiences of lesbian, gay, bisexual, and transgender (LGBT) people in the United States. We conduct health-focused research on how stigma and discrimination based on sexual orientation and gender identity negatively influence the health and health care experiences of LGBT people. We represent researchers from both the School of Public Health and the School of Nursing at the University of Michigan, as well as the Center for Sexuality & Health Disparities (where Dr. Stephenson is the Director) at the University of Michigan; and between us we have over 300 articles published in the peer-reviewed scientific literature on issues of LGBT health and discrimination.

We are writing to you about HR 5, the Equality Act. As you know, the bill would expressly prohibit sexual orientation and gender identity discrimination across the country in a variety of settings. Based on research that we and others in the scientific community have conducted on the health of LGBT populations, we would like to highlight three points that demonstrate the need for this legislation.

First, research shows that experiences of stigma and discrimination targeted at LGBT populations are pervasive in the United States. These adverse experiences cause health inequities and negative health outcomes, with LGBT populations being more likely to experience poor mental health (such as depression and anxiety), suicide, substance use disorders, and HIV when compared with the general population.

Second, protections against discrimination suffered by LGBT populations matter for health. Studies have found that state-level policies that protect LGBT people, and social environments that promote the acceptance of LGBT people help to improve the mental and physical health of LGBT populations. These policies can also have strong economic benefits, as the lack of specific protections against discrimination has been associated with excessive health care usage, under-insurance, and employment absenteeism among LGBT people.

- Numerous studies by Dr. Mark Hatzenbueler and colleagues have found that policies that are protective of LGBT populations can help to improve the health of LGBT people. For example, one study found that lesbian, gay, and bisexual people living in states that extend non-discrimination protections to include sexual orientation were less likely to have mental health disorders (for example, anxiety and post-traumatic stress disorder) that are specifically related to stigma against their sexual orientation.
- Research data from the CDC's Behavioral Risk Factor Surveillance System show that living in states with more protective policies for transgender people was associated with better mental health outcomes, less substance use, and more use of primary health care among transgender people.

Finally, living in states that have more LGBT protective policies and fewer discriminatory ones has been found to matter for access to health care. Being able to access health care is essential to preventing and treating the numerous adverse health outcomes that are associated with LGBT stigma and discrimination. We, as well as other researchers, have conducted several recent national studies examining the links between policies specific to transgender populations in the U.S. and the use of health care. These studies demonstrate that:

- <u>Discrimination based on gender identity limits access to health care, and policies that provide specific protections can help to increase use of needed health care.</u>
- Policies can directly influence access to health care. For example, health insurance policies related to the coverage of transgender-specific care can determine a transgender person's ability to pay for care.
- Policies not specifically focused on health care, such as civil rights protections, influence the political and social environment in ways that either create barriers to health care or make it easier to access health care.

We analyzed data from the U.S. Trans Survey, which had more than 27,000 transgender respondents across the U.S. Our study examined the links between health care use and state-level policies, including non-discrimination protections, religious exemption laws, private health insurance policies, Medicaid policies, gender marker change requirements on state government identification, and legal name change requirements. We found that these policies were linked with general experiences of health care use and with the use of mental health care and hormone replacement treatment (among individuals who wanted or needed to access these types of care).

- Transgender people living in states with more protective policies and fewer harmful ones were less likely to report delaying health care due to fears of mistreatment.
- Transgender people living in states with more protective policies and fewer harmful ones were more likely to report accessing needed mental health services.
 - Transgender people living in states that have explicit inclusion of transgender-related care as part of Medicaid coverage were 21% more likely to access mental health care, and transgender people living in states that exclude transgender-related care were 28% less likely to access mental health care.
 - o In addition, transgender people living in states that have broad religious exemption laws were <u>14%</u> less likely to report using mental health services.
- Among transgender people who wanted hormone replacement treatment, those living in states that include gender identity in their non-discrimination protections were 21% more likely to report accessing hormones.

To summarize, extending civil rights laws to include specific protections based on sexual orientation and gender identity can help to improve the health of LGBT people, has direct consequences for the provision of health care, and has clear linkages to key economic outcomes. Unfortunately, LGBT discrimination is common in the U.S., but extending civil rights laws can go a long way to reduce its negative effects on health. Experiences of stigma and discrimination have serious consequences and result in LGBT health disparities.

By reducing stigma and discrimination, the Equality Act will help to improve health outcomes and increase access to health care for LGBT people. Reducing the health disparities LGBT people experience is also in alignment with the Healthy People 2020 goal to "Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender individuals" and will be a significant step toward creating a healthier U.S. population.

Sincerely,

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