

MEDICARE FOR ALL ACT OF 2019: LGBTQ FACT SHEET

The healthcare system in the United States fails to guarantee access to quality healthcare and health-related services for all people living in the U.S., which has lasting negative impacts on the lives of many, especially those who are uninsured or underinsured. Today, roughly 30 million people remain uninsured and 44 million people still cannot afford the costs of healthcare despite having insurance. ¹ Because members of the LGBTQ community experience high rates of poverty and discrimination and are disproportionately likely to lack health insurance, establishing a national health insurance program is a high priority for LGBTQ people.

MEDICARE FOR ALL ACT OF 2019

On February 27, 2019, Representative Pramila Jayapal (WA) introduced the Medicare for All Act of 2019 (H.R. 1384) to establish a national health insurance program over the next two years to combat the high costs of health care and health-related services for all U.S. residents. On April 10, 2019, Senator Bernie Sanders (VT) reintroduced his Medicare for All legislation (S. 1129) to implement the national health insurance program over a four-year period. These companion Medicare for All bills will provide guaranteed access to healthcare for all persons living in the U.S.

If enacted, this legislation would:

- Provide comprehensive health care benefits, including hospital services, primary and preventive care, prescription drugs, mental health and substance abuse treatment, reproductive health services, oral health, audiology, vision, and more;
- Prohibit the charging of deductibles, premiums, co-pays, or other cost-sharing for patients;
- Give patients freedom to choose health services from any institution, doctor, hospital, or other provider of their choice;
- Helps lower drug prices, including for HIV medications, by allowing the government to negotiate with drug companies, and provides patients with a robust appeals process for any denials of drug coverage;

¹ Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, *Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, but More Underinsured* (Commonwealth Fund, Feb, 2019), available at <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>

- Prohibit discrimination in receipt or participation in the Act's benefits based on certain characteristics, including race, national origin, age, sex, gender identity, and sexual orientation, and;
- Provide home and community-based long-term services and supports for those in need, especially older patients and those with disabilities.²

IMPACT ON LGBTQ PEOPLE

Providing universal healthcare coverage is an LGBTQ issue.

- Today, 15% of LGBTQ people remain uninsured compared to only 12% of their non-LGBTQ peers.³ The Medicare for All Act would provide health insurance coverage for both the LGBTQ and non-LGBTQ uninsured population, regardless of their financial situation.
- Employment discrimination often pushes LGBTQ individuals into low-wage jobs that do not offer health insurance coverage.⁴ This Act would ensure that low-wage employees receive healthcare coverage.
- Nearly 1 out of 10 same-sex couples reported experiencing discrimination from an insurance carrier based on their sexual orientation. This Act would protect consumers from the discriminatory denial of healthcare benefits based on sexual orientation or gender identity.⁵
- LGBTQ people face greater risks of substance dependence and mental health issues than non-LGBTQ people. LGBTQ adults are 1.5 times more likely to experience depression and anxiety. Lesbian, bisexual, and queer women suffer from substance use disorder at more than 3 times the rate of straight women.⁶
- LGBTQ elders are less likely than non-LGBTQ elders to have long-term services and care insurance.⁷ This Act would ensure access to long-term services for those elders in need.
- LGB people of color and those living with HIV/AIDS are 2 times as likely to experience abusive treatment from medical professionals.⁸

2 Medicare for All Act of 2019, H.R. 1384 116th Cong. (2019).

3 LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.

4 Kellan Baker, Ashe McGovern, Sharita Gruberg, and Andrew Cray, "The Medicaid Program and LGBT Communities: Overview and Policy Recommendations" (Center for American Progress: 2016), available at <https://www.americanprogress.org/issues/lgbt/reports/2016/08/09/142424/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/>.

5 Id.

6 Lourdes Ashley Hunter, Ashe McGovern, and Carla Sutherland, eds., *Intersecting Injustice: Addressing LGBTQ Poverty and Economic Justice for All: A National Call to Action* (New York: Social Justice Sexuality Project, Graduate Center, City University of New York, 2018), 63-79.

7 Id., 63.

8 Id., 68.

- Over 18% of LGBTQ people reported avoiding doctor's offices because of past experiences with discrimination. At least 22% of transgender people reported avoiding needed medical care because of past discrimination.⁹
- LGBTQ people are more likely to delay or forgo getting prescription medicines they need. 28% transgender people and 22% bisexual people reported forgoing medication, as compared to 10% of straight people.¹⁰

HOW TO GET INVOLVED

- Contact your Congressional representatives today and urge them to support and pass the Medicare for All Act of 2019.
- Work with local, state, and national advocates to expand Medicare and advocate for healthcare that meets the needs of all people, including LGBTQ people and those living with HIV.
- Make sure your national, state, and local LGBTQ organizations know that Medicare for All is a priority for you and your family.



⁹ Shabab Ahmed Mirza and Caitlin Rooney, "Discrimination Prevents LGBTQ People from Accessing Health Care" (Center for American Progress: 2018), available at <https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>.

¹⁰ Brad Sears and Kerith J. Conron, "LGBT Access to Prescription Medications" (The Williams Institute: December 2018), available at <https://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/lgbt-prescription-medications/>.