Voices of Maryland's Healthcare Crisis

and the Rising Human Rights Movement

December 2014

NESRI

HEALTHCARE is a
HUMAN RIGHT
MARYLAND

About Healthcare Is a Human Right – Maryland

Healthcare Is a Human Right – Maryland is a statewide grassroots campaign led by a diverse membership in order to establish a universal single-payer healthcare system in Maryland and protect every Maryland resident's fundamental right to healthcare. Our movement is based on the human rights principles of universality, equity, transparency, accountability, and participation.

Since our launch in December 2012, thanks to the support and leadership of Physicians for a National Health Program - MD, Healthcare Now - MD, and United Workers, we have developed an effective organizing model resulting in strong chapters in eight counties and growing. In October 2013, hundreds of Marylanders came together for our first statewide rally. Healthcare Is a Human Right – Maryland and its members are committed to fighting to ensure our right to healthcare through political education and the empowerment of those most directly affected by the ongoing healthcare crisis. We are building the community power necessary to finally establish equitable, quality healthcare for all residents of Maryland.

About the National Economic & Social Rights Initiative (NESRI)

In partnership with communities, the National Economic and Social Rights Initiative works to build a broad movement for economic and social rights, including health, housing, education, and work with dignity. Based on the principle that fundamental human needs create human rights obligations on the part of government and the private sector, NESRI advocates for public policies that guarantee the universal and equitable fulfillment of these rights in the United States. Towards that end, NESRI has partnered with Healthcare Is a Human Right – Maryland to support their campaign in using a human rights framework and producing this report.

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Voices of Maryland's Healthcare Crisis and the Rising Human Rights Movement

This report chronicles the ongoing healthcare crisis in Maryland that is driven by a market-based system that puts profits before people and makes access to care dependent on payment. The report's findings are based on a large-scale survey of Maryland residents and illustrate the breadth of the crisis and its impact on human rights.

The report also documents the strong desire and commitment of people in Maryland to move toward a universal, publicly financed healthcare system such as single payer that recognizes healthcare as a human right and guarantees everyone in Maryland the healthcare they need. Ninety-five percent of people surveyed believe that healthcare is a human right, and 75% support a universal healthcare system publicly financed through taxes.

95%
of people surveyed believe healthcare is a human right

Over the years, there have been many attempts to reform the health insurance system, most recently through the Affordable Care Act (ACA). Yet the ACA leaves hundreds of thousands of people in Maryland uninsured and many more underinsured, and fails to address the underlying cause of the healthcare crisis: the treatment of healthcare as a commodity rather than a human right and a public good.

Maryland's healthcare system relies on a complex patchwork of private insurance, public subsidies for purchasing insurance, and public programs such as Medicare and Medicaid.[1] People's access to healthcare is unequal, limited by how much money they have, where they work, and other factors unrelated to their health needs. Healthcare is not treated as a fundamental need essential to human dignity and wellbeing.

Maryland's healthcare system fails to meet human rights standards

The report reveals that Maryland's healthcare system fails to meet human rights standards, which require that access to healthcare is universal, including everyone, without exception, that healthcare services are equitably financed and distributed, and that the healthcare system is designed and run transparently with meaningful participation from patients, healthcare professionals, and the public to ensure that it is accountable to the people of Maryland.

The survey of 882 people around the state was conducted by members of Healthcare Is a Human Right – Maryland, a grassroots organization with chapters in eight counties, from October 2012 through December 2013. The results are presented in this report along with testimonies from Maryland residents who have struggled to access and pay for healthcare.

Key findings on people's access to care

Many people in Maryland continue to be uninsured

- 1 in 7 people surveyed did not have health insurance.

- 1 in 2 people surveyed had been uninsured at some point in their lives.

- 3 in 4 people surveyed who have been uninsured at some point were uninsured for at least a year.

- More than 750,000 people in Maryland were uninsured in 2013, according to the U.S. Census Bureau.[2] Even when the Affordable Care Act is fully implemented in 2020, 382,000 people are projected to remain uninsured.[3]

Many people in Maryland forego getting needed care because of cost

- 45% of people surveyed had forgone medical care because of the cost of accessing care.

- 40% of people surveyed who had insurance had forgone care at some point in their lives because of the cost.

- 66% of those who said they had foregone healthcare had skipped dental care, 42% skipped a regular checkup, 41% skipped filling a prescription drug, and others reported skipping surgery, mental care, optometry, or other types of care. Fifty-seven percent had skipped more than one type of care.

45%
of people surveyed had foregone medical care because of the cost

People's access to healthcare is unequal

- 38% of people surveyed in Howard County said that they had to forego healthcare, but in Frederick County, 52% did.

- People in Baltimore City, Prince George's County, and areas of the Eastern Shore and Western Maryland were almost twice as likely as people in many other parts of the state to report that they could not see a doctor in the previous year because of the cost, according to federal data.[4]

- 15% of people surveyed said that they or a family member had been discriminated against when trying to get healthcare because of their race, immigration status, gender, sexual orientation, age, or disability.

1 in 3

families surveyed had a family member develop a more serious health condition because healthcare costs forced them to delay care

People suffer from treatable illnesses and die because of restricted access to care

- 31% of people surveyed said they or someone in their family had developed a more serious condition because of delayed treatment due to costs.

- Almost 800 people die in Maryland every year because they do not have health insurance, according to a national study.[5]

People are pushed into financial hardship, debt and bankruptcy

- 45% of people surveyed had trouble paying medical bills.

- 26% of people are in medical debt, according to a national survey. [6]

- Illnesses and medical bills cause 62% of all personal bankruptcies, according to a national study, and 78% of people who experience medical bankruptcy had health insurance at the onset of their medical condition.[7]

People are more dependent on their employers because of health insurance

- 35% of people surveyed had insurance through their employer.

- 37% of people surveyed said that they or a family member had stayed in a job just to keep insurance coverage.

Key findings on people's opinions

People in Maryland believe that healthcare is a human right

- 95% of people surveyed believe that healthcare is a human right.

- 98% of people surveyed think that Maryland should make sure that everyone in the state can get the healthcare they need.

People in Maryland say that the current healthcare system is not working

- Only 18% of people surveyed think that the human right to healthcare is currently protected in Maryland.

- 65% of people surveyed said they believe they have no say in decisions about the healthcare system.

75%

of people surveyed support a universal healthcare system publicly financed through taxes

People in Maryland want universal, publicly financed healthcare

- 86% of people surveyed say that the government has an obligation to protect the human right to healthcare.

- 75% of people surveyed support a universal healthcare system publicly financed through taxes.

Executive summary

Maryland's healthcare crisis is not simply the result of bad policy: it is a crisis of democracy. The survey results show that there is overwhelming recognition and support for the human right to healthcare, yet Maryland continues to treat healthcare as a commodity, undermining people's human rights and causing poor health outcomes, unnecessary deaths, and financial hardship.

The goal of Healthcare Is a Human Right – Maryland is to transform Maryland's healthcare system to ensure people's human rights. In 2011, Vermont became the first state in the country to pass a law for a universal, publicly financed healthcare system. Vermont's grassroots Healthcare Is a Human Right campaign, launched in 2008, made this breakthrough possible. By organizing county by county, building community and leadership among people most affected by the healthcare crisis, and putting people and their voices at the center of the debate, people in Vermont sparked a new form of healthcare advocacy. People across Maryland have taken up the torch, organizing in their own communities for their human right to healthcare. The solution to Maryland's healthcare crisis lies in these community-led efforts to change what is politically possible. They are creating a path toward a publicly financed, single payer, universal healthcare system in Maryland.

Maryland's healthcare crisis is a crisis of democracy

I. From healthcare crisis to healthcare for all

What are human rights?

All people have human rights simply because they are human. These rights arise from our fundamental needs as human beings and can only be ensured through vigilance and struggle. Governments have an obligation to protect and fulfill human rights so that everyone can meet their needs and live with dignity, freedom, and equality.

What is the human right to health?

The human right to health guarantees a system of health protection for all. Everyone has the right to the healthcare they need, and to living conditions that enable them to be healthy, including access to healthy food, adequate housing, and a healthy environment. The health system has to provide healthcare as a public good for all, financed and administered publicly. The human right to health is recognized in the Universal Declaration of Human Rights and international treaties.[8]

Maryland's healthcare crisis is far from over, despite the implementation of federal health reform. Unable to get the care they need when they need it, people become sicker and die unnecessarily. The cost of medical care continues to drive people into debt and push them into poverty. Instead of providing healthcare to everyone who needs it, the private insurance-based system sells healthcare to those who can afford it.

Too many people in Maryland have to live without health insurance or find out that their insurance company does not cover the care they need. Many cannot afford to pay both their insurance premiums and additional out-of-pocket expenses for deductibles, copayments, coinsurance, dental, or vision care, and therefore avoid seeking care. By continuing to rely on a system of private health insurance rather than a publicly funded system of healthcare, the Affordable Care Act (ACA) fails to change this. As a result, hundreds of thousands of people across the state are left uninsured and underinsured, leaving them unable to get the care they need and often pushing them into health and financial crises.[9]

Maryland is suffering from a human rights crisis in healthcare, but there is a clear solution. Because healthcare is a fundamental human right, the government is obligated to ensure that everyone gets the healthcare they need by providing healthcare as a public good, instead of treating it like a market commodity. Only a universal healthcare system that is publicly financed, free at the point of service, paid for through progressive taxation, such as a single-payer system, can ensure universal and equitable access to healthcare.[10] We all have the right to get the healthcare we need and a responsibility to ensure that everyone else can do the same.

Universal, publicly financed healthcare is widely recognized across the world as the way to ensure equal access to comprehensive, quality healthcare for all. The rest of the industrialized world demonstrates that treating healthcare as a public good works. The challenge is to make it a reality here in Maryland. Recognizing our human right to healthcare gives us that opportunity. It allows us to connect our experiences with others, to refocus the healthcare debate on our health, and to change what is politically possible.

Healthcare Is a Human Right – Maryland (HCHR – MD) is an organization of people in Maryland working to guarantee access to healthcare for everyone in the state through a single-payer system. HCHR – MD was formed in 2012 and was inspired by the people's movement in Vermont that won the country's first law for a universal, publicly financed healthcare system. Like the Healthcare Is a Human Right campaign in Vermont and similar campaigns in Maine, Oregon, Pennsylvania, and Washington, HCHR – MD is building a mass movement of everyday people who are driven by their struggles with healthcare and are coming together with the conviction that something has to change. By sharing stories, learning together, knocking on doors, holding public speakouts, hosting candidate forums, connecting with community, labor,

and faith groups, and talking to family, friends, and neighbors, HCHR – MD's members are building a movement that is uniting communities across the state and beyond.

In order to document and better understand the current healthcare crisis, HCHR – MD leaders surveyed people in 10 counties in 2013. The results of the survey, presented in this report, reveal the depth and breadth of the healthcare crisis and people's readiness for a new system to guarantee healthcare for all and to make the human right to healthcare a reality in Maryland.

Data and methods

The findings of this report are based on a survey of 882 people in 10 Maryland counties conducted by members of Healthcare Is a Human Right – Maryland from October 2012 through December 2013. The surveys were administered in a wide range of venues including health fairs, senior expos, county fairs, educational events, outside public libraries, on boardwalks, and through neighborhood canvassing. The survey asked people about their access to healthcare, their experiences with the healthcare system, and their opinions on the state of healthcare in Maryland. The survey sample was not scientific, but the results are similar to national surveys, cited throughout the report, on the rates of uninsurance and limited access to care.

In addition to quantitative survey data, the report includes testimonies from Maryland residents. These stories were collected from one-on-one interviews after initial survey contact or at public healthcare speakouts the campaign held throughout the state in 2013.

The survey results and testimonies were supplemented by data from academic literature and advocacy reports. Complete survey results can be found at http://www.nesri.org/hchr-md-survey-results.

DEMOGRAPHICS OF RESPONDENTS

Age		Gender		Race & Ethnicity	
Under 18:	1.8%	Female:	66.1%	Asian:	3.6%
18-25:	15.6%	Male:	33.7%	Black:	22.2%
26-50:	35.6%	Transgender:	0.2%	Latino:	3.0%
51-64:	30.2%			Native:	0.2%
65 and older:	6.9%			White:	67.8%
				Mixed:	1.4%
				Other:	1.9%

II. Maryland's human rights crisis

Access to healthcare is not universal

The most obvious way that Maryland's healthcare system denies the human right to healthcare is by excluding people from health insurance. In a market-based system, purchasing health insurance is a key prerequisite for getting comprehensive and consistent care, but hundreds of thousands of people do not have access to insurance coverage because of their job status, the cost of coverage, their immigration status, or the nature of their healthcare needs.[11]

Human rights principles for healthcare

Universality: Everyone must have guaranteed access to comprehensive, quality health-care.

Equity: Healthcare resources and financing must be shared based on people's needs and abilities, so that everyone gets what they need and contributes what they can. There must be no systemic barriers to accessing care.

Accountability: Government has an obligation to establish a healthcare system that meets human rights principles, and that is accountable to the people it serves.

Transparency: The healthcare system must be open with regard to information, decision-making, and management.

Participation: The healthcare system must enable meaningful public participation in all decisions affecting people's right to healthcare, including the design and operation of the system itself.

> ### *Universality: Everyone must have guaranteed access to comprehensive, quality healthcare*

Exclusion from health insurance

The complicated, piecemeal health system that currently cobbles together private insurance and multiple public programs leaves many gaps and fails to provide adequate healthcare to all. Fourteen percent of the people surveyed—one in seven—reported that they were currently uninsured.[12] All told, 756,000 people in Maryland—more than three quarters of a million people—were uninsured at the end of 2013.[13] Moreover, even those who have insurance are at risk of losing their coverage if their employment or other life circumstances change. Half of the people surveyed said that they had been uninsured at some point in the past. Three out of four of those who had been uninsured were uninsured for at least a year, and one out of four was uninsured for five years or more.

1 in 7 people surveyed did not have health insurance

1 in 2 people surveyed had been uninsured at some point in their lives

3 out of 4 people surveyed who have been uninsured at some point were uninsured for at least a year
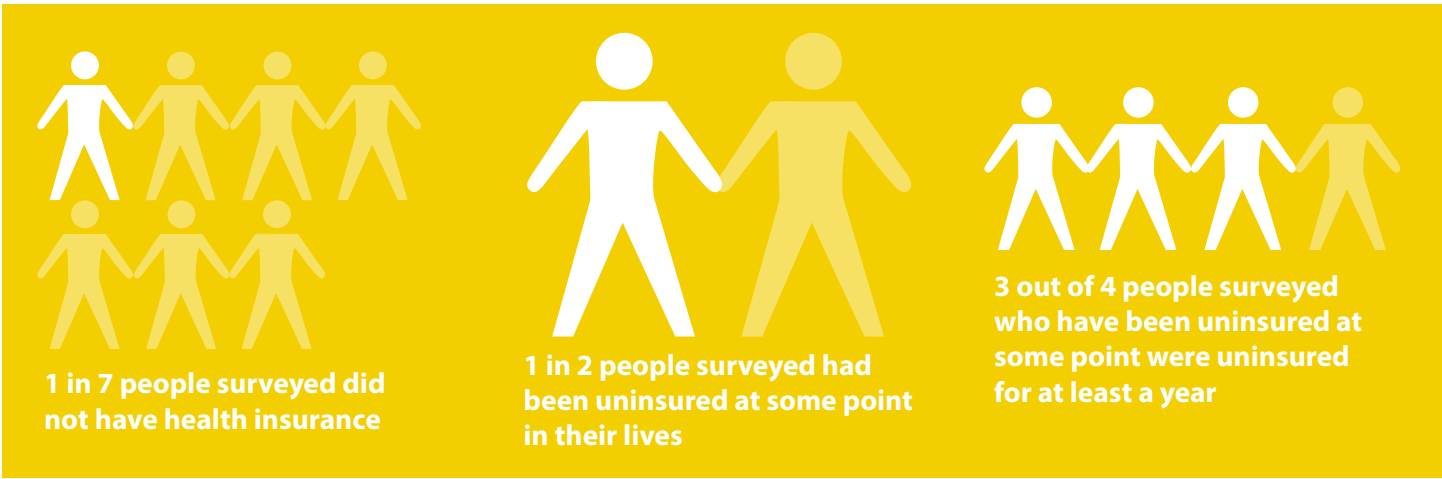
Even by 2020 when the ACA is fully implemented, 382,000 people in Maryland are projected to remain uninsured.[14] Not surprisingly, most will be low- to moderate-income, the very people most in need of protection from high healthcare costs. Blacks and Latinos are more likely to be uninsured and less likely to be able to afford to see a doctor than Whites, and will continue to be disproportionately excluded from healthcare.[15] The Kaiser Family Foundation estimates that even though most uninsured people will be eligible for Medicaid, the Children's Health Insurance Program (CHIP), or health insurance subsidies under the ACA,[16] people will remain uninsured either because outreach efforts fail or because premiums are unaffordable to them. In addition, each year, half of all people eligible for either Medicaid or insurance subsidies will experience a change in their eligibility because of a change in employment, a birth or death in the family, or another life event.[17] As a result, some of this group will become uninsured again.

Exclusion of immigrants

The market-based insurance system discriminates against people based on their immigration status. Non-citizen immigrants are just as likely as citizens to be employed, but they are disproportionately uninsured because they are more likely to work in low-wage jobs without health insurance.[18] Some immigrants are barred from access to public healthcare programs even though they are lawful residents. Virtually all immigrants who enter the United States on a visa must wait five years after obtaining residency before becoming eligible for government programs such as Medicaid or CHIP.[19] In January, Maryland took the important step of removing the waiting period for children to access Medicaid/CHIP, but adults are still barred for five years.[20]

Others are excluded from access to Medicaid, CHIP, and Maryland's health insurance exchange (the Maryland Health Connection) because their visas expired or they arrived in the United States without documentation. These undocumented immigrants, an estimated 223,000 to 275,000 of Maryland residents, are prohibited even from using their own money to pay for full-cost insurance plans on the health insurance exchange.[21] Even though large numbers of immigrants are denied access to health coverage, many of them are subsidizing the system through payroll tax contributions. Nationwide, immigrants contributed a net surplus of $115 billion to the Medicare Trust Fund. From 2002 through 2009, non-citizens contributed the majority of this surplus.[22]

"Marta" *(pseudonym)*
Prince George's County

Marta and her husband both have two jobs and are the parents of two children. Marta has severe throat issues, and has racked up thousands of dollars in medical debt getting treatment for her condition. Her husband, who works full time, has diabetes that he cannot afford to treat, so his illness is getting progressively worse. Marta and her husband have no health insurance through their jobs, nor can they afford to buy private health insurance, and because they are undocumented, they are excluded from Maryland's health insurance exchange.

"We are human too. It is very sad that this country doesn't see that."

"The new hearing aids I'm trying to purchase sit at a hefty $3,000 price for each. I worry where I'll find the money and, worse, that my current aids will give out in the meantime. The insurance company has never covered any set of aids, any repairs, or anything in relation to my hearing loss other than a diagnostic test informing me how much loss I have. Hearing aids are a medical device that enable me to function in the world. I rely so abundantly on their assistance, without them I could not have conversations, hear myself, or listen to others and the myriad of sounds that inform when a car is coming or a bird is chirping."

Exclusion of health services

Healthcare needs are not automatically covered by health insurance. In fact, companies go out of their way to limit what they cover. Insurance companies often refuse to pay for healthcare needs based on arbitrary distinctions, such as which body part is affected, where an injury occurred, how rare the illness is, or how long care is needed. Types of healthcare typically excluded from insurance coverage include:

- Dental care: Many health insurance plans do not cover visits to the dentist or orthodontist or any dental procedures.

- Eye care: Many health insurance plans do not cover visits to the optometrist, glasses, contacts, or vision procedures.

- Occupational injuries and illnesses: Anyone who is injured at work is required to get healthcare through workers' compensation, an entirely separate healthcare system in which workers are limited in their choice of doctors and routinely struggle to get proper care.[23]

- Long-term care: The elderly, people with disabilities or long-term illnesses, and anyone else who might need long-term medical care often find that the cost of long-term care is not covered by insurance.

In addition to outright exclusion of whole categories of care, many people who get hurt or fall ill seek healthcare only to find that their insurance company has denied coverage for a specific test, treatment, or specialist. Insurance companies deny claims even for care they are required to cover. In 2007, Carefirst of Maryland, Inc. was fined—not for the first time—for illegally denying one out of every five legitimate claims for healthcare.[24]

The exclusion of these types of care is a direct result of the market-based insurance system treating healthcare like a commodity rather than a universal human right. This affects us all: without universal healthcare, we are all at risk of struggling to pay for uncovered healthcare at some point in our lives.

Ron Klinger
54, Columbia

Ron has been paying for a high-quality private insurance plan for years. Two years ago, he was struck with a quickly developing neurological disorder. Some doctors believed he had multiple sclerosis, but his insurance company decided otherwise, and refused to pay for Ron's tests and medication. Ron and his wife were left struggling not only with his illness, but also his medical costs. His costs have grown so much that he lost his home in February 2014.

Access to healthcare is not equitable

Equity: *Healthcare resources and financing must be shared equitably so that everyone gets what they need and contributes what they can*

Maryland's market-based health insurance system not only excludes hundreds of thousands of people from access to healthcare by putting insurance out of their reach: many people who have health insurance also lack access to healthcare. Maryland's health insurance system creates separate tiers of insurance with different levels of coverage and forces people to pay considerable costs out of pocket each time they need to access care. People with more money get better access to care, while everyone else, especially the poorest and the sickest, is forced to take on medical debt, make tradeoffs between healthcare and other basic needs, or forego healthcare altogether. This is not only true for individuals, but for entire communities: because healthcare facilities follow money rather than needs in deciding where to locate, people in some areas do not have adequate facilities within a reasonable distance.

More than 9 in 10 people in medical debt owe more than $5,000 or 10% of their income

2 in 5 people are struggling to pay medical bills

1 in 5 people had been contacted by a collection agency about medical bills

Underinsurance: The situation when people have health insurance, but their coverage does not adequately meet their healthcare needs, either because certain treatments are not included or because of high fees.[25]

Deductible: A set amount the patient must pay of their healthcare costs before their health insurance company begins to pay anything.

Copayment: A fixed fee a patient must pay for visiting a doctor or filling a prescription, even if the visit or medication is covered by insurance.

Coinsurance: The percent of covered healthcare services that a patient must pay.

Out-of-pocket costs: All medical costs that are not paid for by insurance, including deductibles, copayments, coinsurance, and uncovered services.

Out-of-network charges: Extra out of pocket costs that a patient must pay when they receive healthcare outside of the network of doctors, hospitals, labs, pharmacies, and other providers that the insurer has contracted with to provide healthcare services.

Premium: The amount paid, often on a monthly basis, for health insurance. The cost of the premium may be shared between employers or government purchasers and individuals.

Underinsurance and financial barriers to care

Most health insurance plans do not cover the full cost of care. Even after paying premiums, people are required to pay a portion of their healthcare costs out of pocket every time they need medical care. Deductibles, copayments, coinsurance, out-of-network charges, and other out-of-pocket costs can make medical appointments, tests, procedures, and medications too expensive.[26] This leaves people underinsured: they have health insurance, but their insurance does not adequately cover their medical needs.

Forty-five percent of people surveyed—almost half—said that they had foregone medical care because of the cost.[27] While a predictably larger percentage of people without health insurance, 76%, had foregone healthcare because of costs, 40% of people who had health insurance had also been forced to forego care. Two-thirds of those who have foregone care had skipped dental care, two out of five skipped a regular checkup, two out of five skipped filling a prescription drug, and others reported skipping surgery, mental healthcare, optometry, or other types of healthcare. Almost three out of five of these Maryland residents had skipped more than one type of care. Nationwide, 80 million adults ages 19-64 went without necessary care in 2012 due to the cost.[28]

People are hit by high healthcare costs in many ways. Fifty-six percent of people surveyed reported having had difficulty paying premiums, deductibles, copayments, coinsurance or other out-of-pocket medical costs. These costs add up to a significant financial burden for many, and create barriers to accessing needed care.

By reinforcing the private health insurance model, the ACA further entrenches underinsurance in Maryland. As of June 2014, 83% of people who signed up for private health insurance on the insurance exchange signed up for lower-coverage silver, bronze, or catastrophic plans that offer incomplete access to healthcare and put people at tremendous risk of medical debt and other problems.[29]

45% of people surveyed had foregone medical care because of cost

40% of people surveyed who had insurance had still been forced to forego care

Low- and moderate-income people are most affected

The market-based health insurance system puts nearly everyone in Maryland at risk: many are just one job loss, injury, or illness away from catastrophe. Uninsurance and underinsurance are more likely to affect people with low and moderate incomes than people with more money, and also to affect them more deeply. According to an analysis of U.S. Census Bureau data, 67% of people in Maryland whose income is below the federal poverty level ($23,550 for a family of four) were uninsured or underinsured, while just 6% of those earning at least 400% of the poverty level were.[30] While the expansion of Medicaid under the ACA may help some people living in poverty, many people earning 100-199% or 200-299% of the poverty level, who are uninsured or underinsured at rates of 43% and 21%, respectively, will have to buy subsidized commercial coverage that they may not be able to afford.[31]

Even when people with lower incomes can afford insurance, they are less likely to be able to afford higher-premium plans that offer more comprehensive coverage, and may have to settle for plans that have lower monthly premiums, but exclude services or doctors or require people to pay high deductibles and co-pays every time they need care. This leaves the very people least likely to be able to pay out-of-pocket costs stuck with subpar, high-deductible plans. When people do not have enough money, these costs have very real effects on their access to care. People with low incomes are only half as likely to go to the doctor and the dentist as higher income people as a result of these costs, and they have a higher likelihood of being unable to afford taking time off work.[32]

While the tiered health insurance market systematically restricts low-income people's access to care, everyone is affected by the financial risk that comes with bare-bones insurance plans. A March 2014 study by the Blue Cross Blue Shield of Massachusetts Foundation found that nearly a third of people with high incomes reported that healthcare costs had created difficulties for their families.[33]

"I worked as a nurse in my country, and had the pleasure of caring for others. Unfortunately, in this country my husband and I are not eligible for affordable insurance. Last year I was a month pregnant when one day I began bleeding profusely. I had lost my child due to a miscarriage, and had to go to the hospital. It was difficult enough mourning over my unborn child, but then I was charged over $1,000 for my visit to the doctor, and we continue to pay off this debt to this day. I wish I could have paid it off already, but it is hard for my husband to handle the cost of groceries, rent, and utilities in addition to medical bills."

Geographic disparities

Access to healthcare is not evenly distributed across Maryland. While overall 45% of people surveyed said that they have had to forego healthcare because of the cost, this varied from county to county. In Howard County, for example, 38% said that they had to forego healthcare, whereas in Frederick County, 52% did. The National Center for Health Statistics and the Centers for Disease Control and Prevention have found that people in Baltimore City, Prince George's County, and areas of the Eastern Shore and Western Maryland have been almost twice as likely as people in many other parts of the state to report that they could not see a doctor in the previous year because of the cost.[34]

Because of the way healthcare is financed, hospitals and other healthcare providers tend to locate themselves in areas with more money. This often leaves poorer communities, both urban and rural, without adequate access to medical care.[35] Southern Maryland, Western Maryland, the Eastern Shore, and most of central Baltimore City have fewer physicians per capita than other parts of the state. East Baltimore, despite hosting Johns Hopkins Hospital—the #1 private hospital in the country—has a major primary care shortage resulting in more emergency room visits and health complications.[36]

Direct and indirect discrimination

15% of people surveyed said that they or a family member had been discriminated against

People who cannot afford comprehensive insurance are not the only ones who face severe barriers to accessing healthcare. Nearly one in seven people surveyed said that they or a family member had been discriminated against when trying to access healthcare because of their race, immigration status, gender, sexual orientation, age, or disability.

Discrimination permeates all parts of the healthcare system. Individuals may experience direct discrimination when they try to get insurance, or when they seek healthcare and are turned away or given inadequate care. When a Black patient seeks care, for example, he or she can be negatively affected by a clinician's conscious and unconscious attitudes about race.[37] Such direct discrimination arises in the broader context of indirect discrimination

from structural inequities within the healthcare system that affect whole population groups. Many immigrants, for example, are shut out of the insurance system and thus have to pay significantly more to access care than others. Evidence also shows disparities in the quality of care received by different groups. For example, Black and Latina women are less likely to receive radiation therapy for breast cancer than White women.[38]

How denying the human right to healthcare affects people's lives

Sickness, disability, and death

The most obvious way that blocking people's access to healthcare affects them is by harming their health. One in three people surveyed said that they or someone in their family had developed a more serious health problem because of delayed treatment due to cost. This reveals the tremendous human toll of denying people's human right to healthcare.

When costs force people to skip healthcare, they miss important medical treatments that could keep them healthy. Left untreated, acute illnesses and chronic conditions can go from bad to worse. Even when experiencing life threatening health conditions such as the symptoms of a heart attack, people who are uninsured or underinsured are more likely to delay going to the emergency room, which puts them at risk of significant disability or even death.[39] Almost 800 people die every year in Maryland because they do not have health insurance.[40] In other words, financial barriers to healthcare can kill.

31% of people surveyed said that they or someone in their family had developed a more serious health problem because of delayed treatment due to cost

Terri Ware
34, Prince George's County

Terri is a nurse. Her daughter Micah was born with Down syndrome and related congenital heart complications that required intensive medical care for which the hospital chose to charge her $9,000 per day. When Micah was born, Terri had Blue Cross Blue Shield insurance that paid 80% of Micah's healthcare costs, leaving Terri to pay 20% out of pocket. Forced to pay a $1,800-a-day copayment on her private insurance plan, her daughter's case worker suggested she work fewer hours in order to slide into poverty so she could qualify for Medicaid. Because she had to miss work to care for her daughter, Terri lost her job, and along with it, her employer-sponsored insurance. Terri was able to stay on her insurance plan for a while by paying COBRA payments (100% of her health insurance premiums), but when she could no longer afford the payments, she was forced to drop her insurance coverage. For the past two-and-a-half years, Terri has been forced to work part time and live in poverty so her daughter can qualify for Medicaid.

Financial hardship

Forty-five percent of Maryland residents surveyed reported that they had trouble paying medical bills. High healthcare costs not only hurt people's health, but can also push whole families into financial hardship, debt, and even bankruptcy. A quarter of all people in Maryland under 65 years of age spend more than 7% of their income on medical costs.[41]

The Maryland survey findings are reflected in national figures: 41% of adults said in a 2012 national survey that they have problems paying medical bills or are paying medical bills over time, and 26% said they are in medical debt.[42] Twenty-two percent of adults—more than one in five—said they had been contacted by a collections agency about medical bills, and two-thirds of these people reported that they suffered other financial consequences as a result of medical debt, such as a lower credit rating, loss of their savings, credit card debt, or bankruptcy.

Medical costs are the number one cause of personal bankruptcy in the United States. A national study found that 62% of personal bankruptcies were caused by illness and medical costs, and that 78% of people who experienced medical bankruptcy had health insurance at the onset of their medical condition.[43]

Dependency on employers

35% of people with insurance get their insurance through an employer

One in three people surveyed who had health insurance received their coverage through their employer, and another fifth through a spouse or parent's insurance plan, which, in most cases, are employer-sponsored. Linking people's health insurance to their jobs is peculiar to the United States.[44] It forces people to make job and career decisions based on their health, and healthcare decisions based on their employment. Many people end up staying in jobs they do not want, working too many hours, or returning to work too soon after an accident, illness, birth, or other life event in order to keep their health insurance.

37% said that they or a family member stayed in a job just to maintain insurance coverage

Thirty-seven percent of people surveyed said that they or someone in their family had stayed in a job just to maintain insurance coverage. Locking people into jobs forces workers to depend on employers to secure their right to healthcare and reduces workers' ability to secure their rights related to wages, work hours, and workplace conditions.

Employment-based health insurance hurts workers on a larger level too. Unions have put enormous effort into protecting workers' health insurance benefits, and collective bargaining has increasingly been burdened by health benefits negotiations, often at the cost of lower wages. In a universal, single-payer healthcare system where benefits are not dependent on employment, employers would no longer determine workers' healthcare benefits and could no longer threaten unions with a choice between maintaining benefits and preserving jobs. This would free unions up to redouble their efforts to secure workers' rights to living wages, just hours, safe working conditions, and other fundamental needs.

Emanuel McCray
35, Baltimore County

In 2012, Emanuel's chemotherapy treatment was successful, and his Hodgkin's Lymphoma cancer went into remission. He got a job at Wal-Mart, and things were looking up. Then came the pain. It began in his lower back and started to spread. Just to get by at work, he would often take four to six Ibuprofen at a time, and sometimes ten to twelve pills a day. Nevertheless, he had to continue working full time in order to be eligible for the company health insurance plan—a plan that he could not even use until after he had been an employee for more than six months. When he was finally able to get checked out, the doctors confirmed that his cancer had returned. With already over $10,000 in debt from his first round of cancer treatment without insurance, Emanuel had no other choice but to continue working full time in order to remain covered.

"Cancer is the toughest battle I've ever been through in my life, and I've been through some battles: I served in the military, through combat, and still, I had control over that situation. This I don't have control over. I've got to force myself to work. I have to survive, and yet all this stuff is stacked against me."

Difficulty meeting other fundamental needs

When people's medical costs are more than they can afford, they are forced to make tough choices. Having to pay out of pocket for healthcare can place them in the difficult position of having to choose whether to pay for care or for other fundamental needs like food, housing, and education. Nationwide, 25% of people with medical debt are unable to pay for needs such as food, heat, or rent, and 16% are forced to change their way of life in order to pay their medical bills.[45] Research shows that medical debt as low as $500 can hurt someone's credit rating, which can make it very difficult to get housing, a car, or even a job.[46]

Medical debt has been shown to contribute to housing instability by forcing people to miss mortgage or rent payments which hurts their credit rating and can make it difficult to qualify for loans or apartment rentals, leading some people to be evicted and even wind up homeless.[47] According to one study, 27% of people with medical debt experienced housing problems. Half of all foreclosures in the 2008 foreclosure crisis were due to medical debt, and 1.5 million families that year were at risk of losing their homes because of medical costs.[48] Among low-income people, debt of just a few hundred dollars is enough to cause housing insecurity.[49] Nobody should have to make tradeoffs between their basic human rights to health, housing, education, and food, which are essential to living with dignity.

III. The Affordable Care Act:
Another false solution

The healthcare crisis affecting people across Maryland will not be solved by the reforms of the Affordable Care Act (ACA), despite common perceptions. The ACA expands access to health insurance, but having health insurance does not guarantee access to necessary healthcare. The regulations in the ACA were written with significant input from the industries that profit from the current health system. As they have done for decades, private insurance companies continue to restrict people's access to care in order to protect their profits. The bottom line is that the reliance on the private insurance model has not changed.

The ACA seeks to increase the number of people who have insurance through an expansion of Medicaid and a mandate that any person who does not qualify for public insurance must purchase private insurance or pay a penalty. To make private health insurance more available, the government spent $7 billion public dollars to create health insurance exchanges where people can buy plans[50] and will spend close to a trillion public dollars to subsidize the costs.[51]

The ACA does not meet human rights principles. Nationally, it leaves tens of millions of people without coverage, reinforces underinsurance as the norm,[52] and is furthering the privatization of our public insurances, Medicaid and Medicare. Overall, the ACA moves the healthcare system further in the direction of privatization and shifts away from a system that would meet human rights principles: a universal, publicly financed not-for-profit single-payer healthcare system.

The ACA further privatizes the health system

Since the 1980s, the healthcare system in the United States has been increasingly taken over by investor-owned private corporations. During President Reagan's terms, the Department of Health and Human Services sponsored workshops to show investors how to maximize profits from healthcare.[53] In subsequent years, every aspect of the healthcare system has been affected by privatization.

Over the same time period, there have been remarkable increases in the number of people who are uninsured and underinsured. The cost of health insurance has been rising four times faster than inflation and two times faster than income, while more of the cost of care has been shifted onto patients.[54] Prices for health services and pharmaceuticals in the United States have become the highest in the world.[55]

The United States spends two-and-a-half times more per person on healthcare overall than the average industrialized nation,[56] yet has poorer health outcomes.[57] We could save more than 100,000 lives each year if

our health system matched those of the top performing countries.[58] The difference between the United States and these other countries is that our government treats healthcare as a commodity where patients only receive the healthcare they can afford, while other countries treat healthcare as a public good and a human right, ensuring that patients receive what they need without financial constraints.

Many efforts have been made at the state and federal levels to patch the holes in our healthcare system. Some states overhauled their systems with the hope it would lead to universal coverage. All of these efforts have failed to be universal and to control the cost of care, including the most recent effort in Massachusetts, which was the model for the ACA. They failed because none of these efforts challenged the basic concept of a market-based health system that puts profits ahead of patients' needs.

In Maryland, around 400,000 people will remain without insurance in 2016.[59] It is estimated that nationally, the ACA will leave 31.4 million people uninsured this year and will lower the uninsurance rate by less than 5%.[60] The performance of the ACA is expected to be similar to that of the law in Massachusetts, where the percentage of people without insurance fell from 10.9% to 6.3% four years after the state's healthcare bill was signed into law.[61]

The number of people without adequate insurance coverage has been rising steadily since high-deductible health plans were created ten years ago. [62] Under the current system, as healthcare costs grow faster than wages, the only ways to make health insurance premiums affordable are to shift more of the costs onto patients through upfront payments for care and to reduce coverage. As described in previous sections of this report, these upfront costs cause real hardship for families and force people to delay necessary care. The results are worse health outcomes and millions of families going into bankruptcy each year due to medical illness and costs.

 The ACA has the advantages of defining a minimum package of health benefits that must be covered, putting limits on out-of-pocket spending, and requiring health insurers to offer insurance to everyone regardless of pre-existing health conditions. However, insurers have found ways to skirt some of the new regulations, and the ACA further entrenches underinsurance as the norm.[63] Inequity will continue to be a problem in the healthcare system.

There are four levels of plans on the new health insurance exchanges: platinum through bronze, plus catastrophic plans for people under 30 years of age. The plans differ in the cost of premiums and out-of-pocket costs such as copayments and deductibles. Platinum plans cover 90% of in-network care and have more expensive premiums with lower out-of-pocket costs, while bronze plans cover 60% of in-network care and have cheaper premiums but higher out-of-pocket costs. More than 80% of people who bought private plans on the Maryland insurance exchange chose the inadequate silver, bronze, and catastrophic plans with the gamble that they pay lower premiums now and hope they do not get sick.[64]

The rise of underinsurance also affects those who are insured through jobs. Employers are shifting more of the cost of healthcare onto employees, reducing coverage for dependents, and moving employees into private insurance exchanges. A survey found that 92% of businesses expect to make moderate to significant changes to their health benefits to control

1 in 4 people is in medical debt

Duane Trusdale
33, Reisterstown

Duane is currently paying $600 a month in private insurance premiums. He tried to see if he could get less expensive coverage in Maryland's new healthcare insurance exchange, but the plans that covered his medical needs still carried the same rate. As a result, he has had to stay in a small rental unit so he can afford to pay his health insurance premiums. Duane needs surgery on his shoulder, but the expected copayment is unaffordable to him, and he worries that he'll lose his job from taking time off work to recover.

"We should make healthcare affordable to everyone. That means access to actual care, not just to insurance policies."

their spending on healthcare.[65] Even union members, who are among the few workers who have been able to hold onto comprehensive, affordable health insurance, are affected. By imposing a "Cadillac tax" on the most comprehensive insurance plans, the ACA may encourage employers to drop out of Taft-Hartley health insurance plans (comprehensive, nonprofit plans negotiated by unions with multiple employers in the same industry), pushing their employees onto the exchange.[66] This will undermine the Taft-Hartley plans for workers who remain in them, and leave those workers who are pushed into private plans on the exchange with poorer health coverage. Some workers forced out of Taft-Hartley plans—including people without a spouse or dependent and people without documentation—could be completely ineligible for exchange subsidies.[67]

Insurers are also finding ways to control their spending by shifting more of the cost onto patients. Some insurers received a waiver allowing them to delay the cap on out-of-pocket costs until 2015.[68] And many insurers are using narrow networks,[69] and now ultra-narrow networks, that exclude at least 70% of local hospitals, forcing patients to go out of network for care where they must pay costs out of pocket that do not count towards their deductible.

Also, by excluding major medical centers where patients with serious health conditions need to go, new enrollees with pre-existing conditions are likely to avoid policies that don't include those centers. This is a form of what is called "cherry picking," or setting up policies so that they attract healthy people. In fact, figuring out which plan is best for each person is a nearly impossible task. A review of health plans in Massachusetts found a wide variation between plans in cost for different medical conditions.[70]

Although millions of more people will have health insurance under the ACA, most of them will face significant financial barriers to care, and will be vulnerable to medical debt and potential bankruptcy if a serious accident or illness occurs.

Privatizing public insurances

Privatization of the public insurances, Medicaid and Medicare, increases costs and makes the programs act like private insurers instead of social safety nets. Private administration of these programs has significantly higher costs, and private businesses siphon public dollars into their pockets for profit, which makes fewer dollars available to pay for patient care.

Nationally, 75% of Medicaid enrollees are in private systems called Managed Care Organizations (MCOs),[71] and this percentage is expected to increase under the ACA. Most Maryland Medicaid enrollees are in private MCOs. However, there is a public Medicaid plan for patients with chronic health problems, which is easier for patients and doctors to use and has much lower administrative costs, less than 2%.[72] Two states, Connecticut and Oklahoma, moved completely to a publicly run Medicaid system, citing lower costs and better quality of care by doing so.[73]

Medicare is being overtaken by private health insurance through plans called Medicare Advantage. These plans are designed to attract the healthiest Medicare patients, yet they cost 14% more than traditional public Medicare plans. The initial stated intention of the ACA was to reduce Medicare Advantage, but instead the number of Medicare Advantage enrollees is

increasing.[74] A study found that most of the overpayment to Medicare Advantage is used to pad profits rather than improve services.[75]

Unless Maryland takes action to curb these trends, the existence of Medicaid and Medicare as public programs may be at risk, and they could be dismantled altogether. The federal Department of Health and Human Services has allowed one state to put its Medicaid enrollees on the health insurance exchange. A few advisers to the ACA have suggested doing the same with Medicare.[76]

The prospect of privatization also affects the Veterans Affairs (VA) healthcare system, the publicly funded and delivered healthcare system for veterans. Following years of underfunding by the federal government,[77] a shortage of VA doctors is contributing to veterans' growing difficulties in getting access to care in a timely manner. Yet rather than committing adequate and sustainable funding for the VA, proposed expensive measures to pay for veteran's private care could channel much needed public funds away from VA facilities and thus undermine its long-term viability.[78]

From private profit to public single-payer healthcare

It is clear that although the ACA extends insurance to more people, it does not end the healthcare crisis in the United States. For decades there have been attempts to 'fix' the healthcare system while staying within the private insurance model. [79] However, in the United States and around the world, it is the public insurance model that has proved to be more cost-efficient and effective at guaranteeing people access to healthcare.

We need a publicly funded single-payer healthcare system that provides healthcare for all rather than profits for a few. Such a system must be financed up front through taxes so that everyone contributes based on their ability to pay, not based on their health needs. Upfront costs such as copayments and deductibles would disappear so that there are no financial barriers to care. Access to care is universal and coverage is comprehensive so that patients can get the care they need. A single payer system is simple, with one set of rules for everyone. This simplicity means administrative costs are extremely low, which leaves more healthcare dollars for healthcare. And finally, a single-payer system provides patients with the choices that are the most important: choice of where they seek care, and choice of treatment in consultation with their health professional without interference by insurance middlemen.

We have not yet achieved the goal of healthcare as a human right in Maryland. As long as one of us is uninsured, as long as one of us cannot get necessary healthcare, and as long as one of us goes bankrupt or loses a home due to medical illness, we must continue to organize for a truly universal and equitable healthcare system. Fortunately, an overwhelming majority of people surveyed in Maryland agree that healthcare is a human right. Now it is a matter of organizing ourselves into a people's movement that can win that demand.

IV. Healthcare Is a Human Right: The way forward

95%
of people surveyed believe healthcare is a human right

85% of people surveyed believe the government is obligated to protect the right to healthcare

Only **18% of people** surveyed think the human right to healthcare is currently protected.

98% of people surveyed said that Maryland should ensure that everyone can get the healthcare they need

75% of people surveyed support a universal healthcare system that is publicly funded through taxes

This report illustrates how the ongoing healthcare crisis affects the people and communities of Maryland. Evidence from the survey, substantiated by outside data, demonstrates that Maryland's market-based healthcare system, which leaves people uninsured and underinsured, violates the human rights principles of universality and equity. The current system excludes some people from care and allows unequal access for others, based on employment status, income, immigration status, and geography. Moreover, the current healthcare system fails to engage people in meaningful oversight of the system, and does not hold companies and government accountable for ensuring their rights, contravening the human rights principles of transparency, accountability, and participation.

Everyone in Maryland has a human right to healthcare, which means that all people, families, and communities must get the healthcare they need. Treating healthcare as a commodity undermines this right, causing poor health outcomes, unnecessary deaths, financial hardship, and social and economic inequities.

This crisis stems from the failure to treat healthcare as a public good for all. It is a crisis of health and a crisis of democracy. When people in some neighborhoods are in poorer health and live shorter lives than people across town, and when workers in a restaurant are denied the same level of health insurance coverage as workers in the office next door, we lose sight of our common humanity. By documenting the crisis, illustrating its effects, and illuminating its roots, Healthcare Is a Human Right – Maryland has taken the first step toward pursuing a solution.

A question of democracy:
The people of Maryland demand the human right to healthcare

Finding a solution to our healthcare crisis is an imperative not just for our health, but for democracy. Social and economic inequities have created toxic barriers that divide communities and prevent people from playing an active role in society. When barriers to care force people to live with chronic diseases they cannot afford to treat, when medical debt displaces people from their homes, and when employer-sponsored coverage locks them into long work hours that prevent healing, it becomes harder and harder for people to engage in their communities and contribute to building the democracy Maryland needs.

This report demonstrates that, despite all odds, the people of Maryland have and hold a powerful human rights vision. Hundreds participated in the survey, told their stories, and joined local committees to plan this report and accompanying events. True change only happens when the people most affected by injustices come together to claim their rights. A dedicated grassroots campaign focused on raising people's voices for a healthcare system based on human rights is blossoming in Maryland.

The survey data demonstrates overwhelming support for substantive change to Maryland's healthcare system. Ninety-five percent of people surveyed believe that healthcare is a human right, and almost as many, 86%, consider it the government's obligation to protect the right to healthcare. This mandate from the people is not currently matched by political realities in Annapolis. Only 18% of people surveyed think that the right to healthcare is currently protected, and 44% think it is not, indicating that the public is far ahead of legislators. Another 38% of people surveyed are uncertain, suggesting that they are open to new healthcare models.

More than 98% of people surveyed agreed that Maryland should ensure that everyone can get the healthcare they need, yet out-of-pocket costs have forced 45% to forego care. This gap between the will of the people and the reality of the market-based insurance system points to serious problems with the democratic process in Maryland. A healthcare system based on human rights must ensure that people have meaningful participation in how the system is designed, financed, and run, but two-thirds of Maryland residents surveyed, 65%, think they have no say in decisions about the healthcare system.

This exclusion of people from the democratic process comes after many years of attempts at healthcare reform both in Maryland and nationally that resulted in the ACA and the Maryland health insurance exchange. While ordinary people were pushed to the sidelines and popular support for universal healthcare was ignored, the insurance companies and medical industries protected their business models in these reforms and won further public subsidies.[80] Private interests have consistently thwarted the will of the people of Maryland, contributing to a crisis of our democracy.

The survey results show that if the people of Maryland had meaningful participation in determining the shape of the healthcare system, healthcare in Maryland would look very different. Seventy-five percent of respondents support a universal healthcare system that is publicly funded through taxes. Only 6% said they do not, suggesting that there is negligible opposition.

Making change possible

The views and needs expressed by survey participants are reflected in the rapid growth of Healthcare Is a Human Right – Maryland. The campaign offers people spaces to share experiences, learn together, and develop their collective ability to change what is politically possible.

The greatest progress toward human rights and social justice in the United States has come through grassroots movements led by people most affected by injustices coming together to claim their rights. Many of the proudest moments in U.S. history—the abolition of slavery, women's suffrage, the 40-hour work week, and civil rights legislation—were brought about by ordinary people organizing and standing up for their rights.

A people's movement for the human right to healthcare can achieve similar groundbreaking change, and Maryland can already look to one striking example. In 2011, Vermont became the first state in the country to pass a law for a universal, publicly financed healthcare system. It was the Vermont Workers' Center's grassroots Healthcare Is a Human Right campaign, launched in 2008, that made this breakthrough possible.[81] By organizing county by county, building community and leadership amongst people most affected by the healthcare crisis, and putting people and their voices at the center of the debate, people in Vermont sparked a new form of healthcare advocacy. The State of Vermont is now committed to providing healthcare as a public good for all Vermont residents, regardless of income, employment, or immigration status, and is planning to finance its new healthcare system through equitable taxes based on ability to pay.

Here in Maryland, the Healthcare Is a Human Right campaign is pursuing a similar approach by establishing chapters in each county—eight to date and growing—with members from Hagerstown to Salisbury, Calvert, and St. Mary's. Hundreds of people across the state are knocking on doors, producing videos and other media, hosting community forums, talking to their legislators, and marching through the streets. Through this growing network, the campaign is creating spaces to unite struggles around the state for our universal right to healthcare as part of a broader vision for economic and social rights.

At the heart of this growing movement is an emphasis on elevating people's shared humanity over the immorality of market-based healthcare. This critical perspective fuels the spirit for change, guided by human rights principles and an understanding that the campaign must reinvigorate democratic participation in order to achieve fundamental change.

HCHR – MD joins allies not just in Vermont, but also in Maine, Pennsylvania, Oregon, and Washington, where Healthcare Is a Human Right campaigns have been launched.[82] Throughout the country, there is a growing awareness that in order to win a universal and equitable healthcare system, the people most affected by injustices in the market-based system must come together to drive the change they want to see. While people in each state are building and shaping their campaigns locally, together they are united in growing the people's movement for the human right to healthcare.

What you can do

As a Maryland resident:

- Talk to your family, friends, and coworkers about healthcare.
- Share your healthcare story with people you know, or contact HCHR – MD to share your story more broadly.
- Share this report with people you know.
- Call, write, or visit your State Senator or Delegate.
- Sign up for emails from HCHR – MD at HealthcareIsAHumanRightMaryland.org.
- Follow HCHR – MD on Facebook (facebook.com/HealthcareIsAHumanRightMaryland).
- Call or email us about joining an HCHR – MD county committee.
- If you are a journalist, photographer, videographer, lawyer, or have another skill you think may be useful to the campaign, let us know.
- Talk to us about becoming a new HCHR – MD monthly sustainer. $5 to 10 a month goes a long way to building the movement. It is amazing how far each dollar streches when communities stand together.

As a union member:

- Talk to your coworkers about healthcare and share this report with them.
- Invite HCHR – Maryland to speak at a union meeting.
- Encourage your union to publicly endorse the Healthcare Is a Human Right campaign.

As a healthcare professional:

- Share this report with colleagues.
- Talk publicly about access barriers and about the human right to healthcare.
- Set up a human right to healthcare committee at work.
- Call, write, or visit your State Senator or Delegate.
- Sign up for emails from HCHR – MD.
- Follow HCHR – MD on Facebook.
- Donate to the Healthcare Is a Human Right Campaign.

As a legislator:

- Share this report with your colleagues and constituents.
- Meet with your constituents to hear about their experiences with the healthcare system.
- Talk to other legislators about the unmet healthcare needs in Maryland.
- Organize a hearing on unmet healthcare needs.
- Support healthcare legislation that advances universality and equity in the healthcare system.

Notes

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11. Collins, et al.

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Health Care Is A Human Right - Survey

Identifying Our Needs: The Problem

1. Do you currently have health insurance? [ ] YES [ ] NO
a. If yes what type? [ ] Thru Employer [ ] Spouse's or Parent's Policy [ ] Medicaid [ ] Medicare
Other _____

b) What's the longest period of time you have gone without health insurance? _____

2. Have you ever had problems getting the health care you need? [ ] YES [ ] NO
a) If yes, what were/are the reasons? _____

3. Have you ever had to forgo needed health care because of costs? [ ] YES [ ] NO
a) If YES, what type of care? [ ] Regular Check-Up [ ] Surgery [ ] Prescription Drugs
[ ] Mental Health Care [ ] Dental Care [ ] Vision [ ] Other: _____

b) What costs have been difficult for you: [ ] Premiums [ ] Deductibles [ ] Co-pays
[ ] Co-insurance [ ] Paying bills out-of-pocket [ ] Other: _____

4. Have you, or someone in your family, ever experienced any of the following:

a) Stayed in a job only to keep your health insurance? [ ] YES [ ] NO
If yes, please describe: _____

b) Been discriminated against when trying to get healthcare because of your race, immigration status, gender, sexual orientation, age, or disability? [ ] YES [ ] NO
If yes, please describe: _____

c) Developed more serious health problems or delayed treatment because of concerns around cost?
[ ] YES [ ] NO
If yes, please describe: _____

d) Have had problems paying medical bills? [ ] YES [ ] NO
If yes, please describe: _____

Claiming Our Rights: The Action

5. Do you think we should make sure that everyone in Maryland can get the health care they need? [ ] YES [ ] NO

6. Do you believe that health care is a human right? [ ] YES [ ] NO

a) Do you believe our government has an obligation to protect the human right to health care?
[ ] YES [ ] NO [ ] NOT SURE

b) Would you say that the human right to health care is protected here in Maryland?
[ ] YES [ ] NO [ ] NOT SURE

7. Do you feel that you have a say in decisions about our health care system? [ ] YES [ ] NO

Responsibilities of Government: The Solution

8. What do you think of the idea of a universal health care system which would be publicly funded from our taxes rather than paying premiums and deductibles to insurers and medical care providers?
[ ] LIKE IT [ ] DON'T LIKE [ ] NOT SURE

a) If you could change anything about our health care system, what would it be? _____

9. Any other comments you'd like to make? _____

About you (this will help us analyze the results of this survey)

Which Maryland county or city do you live in? _____

Your gender:
[ ] Female [ ] Male [ ] Transgender [ ] Cisgender O ther: _____

Your race or ethnicity:
[ ] White [ ] African American [ ] Asian
[ ] Latino [ ] Native/Indigenous [ ] Other: _____

Your age: _____

Are you a medical practitioner? [ ] Yes [ ] No If yes, what field? _____

Thank you for completing this survey!

Do you want to get involved?
It is not necessary to give your personal information to do the survey. You can choose to remain anonymous. However, if you would like to get involved in our *Health Care Is a Human Right* Campaign, for example by telling your story, we need some way to get in touch with you!

Name: _____

Phone: _____

Address: _____

Email: _____

[ ] YES, I would like more information about the Health care Is a Human Right Campaign
[ ] YES, I would like to get involved!

This survey was collected:
Organizer _____ Location _____ Date _____

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