

Gay Marriage May Reduce Healthcare Costs, Use

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December 20, 2011 — Rising healthcare costs and use are burdensome to society and to affected individuals, but a new study [published online](#) December 15 in the *American Journal of Public Health* suggests that the passage of gay marriage laws in Massachusetts in 2003 may be associated with lowering healthcare use and lower healthcare costs among gay minority men. The authors write that their findings add "to an emerging body of research on the social, economic, and health benefits of same-sex marriage."

Mark L. Hatzenbuehler, PhD, from Columbia University, New York City, led the study, which was conducted at the Center for Population Research in Lesbian, Gay, Bisexual, and Transgender Health at the Fenway Institute in Boston, Massachusetts.

"[W]e hypothesized that the legalization of same-sex marriage would reduce environmental risk factors, such as discrimination, that contribute to health disparities among sexual minorities," the authors write. "In turn, it was expected that the policy change would lower rates of medical and mental health care use among sexual minority men, thereby decreasing health care costs."

The authors suggest further that "via decreased exposure to status-based stressors," including "negative media portrayals; antigay graffiti, comments, and jokes; and a lost sense of safety" after enactment of gay marriage, gay men would have lower levels of health and mental health problems, and thus reduced use and cost of medical and mental healthcare.

In developing the study design, investigators state that they used a "quasi-natural experiment" design, following up sexual minority men prospectively during the 12 months preceding and after the November 18, 2003, passage of gay marriage laws in Massachusetts.

Data on a sample of 1211 men, including 1139 self-reported gay men and 72 self-reported bisexual men, were analyzed. Of these men, 492 (40.6%) were partnered. Partnering proved unrelated to race/ethnicity and education, but income was higher among partnered men than unpartnered men in the 26- to 45-year age category. However, higher income was underrepresented in partnered men aged 25 years and younger.

In the immediate 12 months after legalization of gay marriage, investigators found a significant decline in medical care visits (mean, 5.0 vs 4.67; $P = .05$). There also was a trend toward lower medical care costs after the passage of same-sex marriage laws, but these data were not statistically significant (mean, \$500.94 vs \$486.04; $P > .05$). Mental healthcare visits dropped from a mean of 24.72 to a mean of 22.20 ($P = .03$), and costs dropped from a mean of \$2442.48 to a mean of \$2137.38 ($P = .01$). According to t tests, regardless of whether the men were partnered or not, these changes were no different.

Reviewing the 3 most commonly billed *International Classification of Diseases, 9th Revision*, categories for medical care, the authors found that total visits for general medical care, hypertension, and sexually transmitted diseases dropped in the 12 months after gay marriage enactment. Similarly, in mental health, declines in the diagnoses of depressive disorder, anxiety disorders, and adjustment disorders also were evident after gay marriage laws were enacted.

The authors suggest that the improvements may well be linked to policy-level changes and reduction in status-based stressors, but acknowledge that there may be some unmeasured confounding.

Robert Graham, MD, chair of the Institute of Medicine Panel on Lesbian, Gay, Bisexual, and Transgender Issues, and professor of family and community medicine at the University of Cincinnati, Ohio, credited the study with addressing the potential barriers of social stigma placed on sexual minorities. "It is possible that when men live in a governmental unit, [and] are treated as married, stigma is reduced, and better access and continuity of care follows," he said in an interview with *Medscape Medical News*. "We need much more research finding the relevant numerator and denominators" in this population.

"I don't doubt the premise of this study is true," said Susan Cochran, PhD, statistician, and Vickie M. Mays, PhD, MSPH, from the Office of Health Disparities, University of California, Los Angeles, School of Public Health, in a joint interview with *Medscape Medical News*.

Dr. Mays added: "The upside of the article is that they got a good outcome." However, both Dr. Cochran and Dr. Mays questioned whether the study design and findings were compelling enough to prove their point.

Dr. Mays pointed out that these findings come from a specialty clinic that may not be representative of where gay men in the general population get care. Dr. Cochran added: "Most people tend to get their healthcare through employers," rather than clinics like this. In addition, although both acknowledged the care provided at Fenway Institute, they add that "there are a number of ways that people access care.... Even though utilization and costs went down at the Fenway for these men following gay marriage," Dr. Mays explained, "it is possible that men were getting care at a new usual place of care."

Both Dr. Cochran and Dr. Mays felt that the quasi-experimental design has limitations. Ideally, both Dr. Cochran and Dr. Mays agreed that you "want good comparisons to anchor your findings." That said, Dr. Cochran acknowledged that "reduced discrimination against gay people probably yields a positive mental health benefit."

The research was supported by the Center for Population Research in Lesbian, Gay, Bisexual, and Transgender Health at the Fenway Institute and the Eunice Kennedy Shriver National Institute of Child Health and Human Development. The authors also acknowledge the Robert Wood Johnson Foundation Health and Society Scholars program for financial support. The authors, Dr. Graham, and Dr. Cochran and Dr. Mays have disclosed no relevant financial relationships.

Am J Public Health. Published online December 15, 2011. [Abstract](#)

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