

# SENATE BILL 460

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HB 746/22 – HGO

3lr1096  
CF HB 283

By: **Senators M. Washington, Augustine, Elfreth, Feldman, Guzzone, Hettleman, King, Kramer, Lam, Smith, Waldstreicher, Zucker, and Ellis**

Introduced and read first time: February 3, 2023

Assigned to: Finance

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## A BILL ENTITLED

AN ACT concerning

### **Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act)**

FOR the purpose of requiring, beginning on a certain date, the Maryland Medical Assistance Program to provide medically necessary gender-affirming treatment in a nondiscriminatory manner; requiring that the gender-affirming treatment be assessed according to nondiscriminatory criteria that are consistent with current clinical standards; prohibiting the Program from issuing an adverse benefit determination related to gender-affirming treatment unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the determination; and generally relating to gender-affirming treatment and the Maryland Medical Assistance Program.

BY repealing and reenacting, without amendments,

Article – Health – General  
Section 15–103(a)(1)  
Annotated Code of Maryland  
(2019 Replacement Volume and 2022 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General  
Section 15–103(a)(2)(xx) and (xxi)  
Annotated Code of Maryland  
(2019 Replacement Volume and 2022 Supplement)

BY adding to

Article – Health – General  
Section 15–103(a)(2)(xxii) and 15–151  
Annotated Code of Maryland  
(2019 Replacement Volume and 2022 Supplement)

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**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.



SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That the Laws of Maryland read as follows:

**Article – Health – General**

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xx) Beginning on July 1, 2023, shall provide, subject to federal approval and limitations of the State budget, community violence prevention services in accordance with 15–141.3 of this subtitle; [and]

(xxi) Beginning on January 1, 2023, shall provide, subject to the limitations of the State budget, and as permitted by federal law, coverage for self–measured blood pressure monitoring for all Program recipients diagnosed with uncontrolled high blood pressure, including:

1. The provision of validated home blood pressure monitors; and

2. Reimbursement of health care provider and other staff time used for patient training, transmission of blood pressure data, interpretation of blood pressure readings and reporting, and the delivery of co–interventions, including educational materials or classes, behavioral change management, and medication management; AND

**(XXII) BEGINNING ON JANUARY 1, 2024, SHALL PROVIDE GENDER–AFFIRMING TREATMENT IN ACCORDANCE WITH § 15–151 OF THIS SUBTITLE.**

15–151.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (1) “GENDER–AFFIRMING TREATMENT” MEANS ANY MEDICALLY NECESSARY TREATMENT CONSISTENT WITH CURRENT CLINICAL STANDARDS OF CARE PRESCRIBED BY A LICENSED HEALTH CARE PROVIDER FOR THE TREATMENT OF A CONDITION RELATED TO THE INDIVIDUAL’S GENDER IDENTITY.

## (II) "GENDER-AFFIRMING TREATMENT" INCLUDES:

1. HORMONE THERAPY, HORMONE BLOCKERS, AND PUBERTY BLOCKERS;
2. HAIR ALTERATION FOR THE PURPOSES OF ALTERING SECONDARY SEX CHARACTERISTICS AND SURGICAL SITE PREPARATION;
3. ALTERATIONS TO VOICE, VOICE THERAPY, AND VOICE LESSONS;
4. ALTERATIONS TO ABDOMEN, CHEST, TRUNK, AND BUTTOCKS;
5. ALTERATIONS TO THE FACE AND NECK;
6. ALTERATIONS TO THE GENITALS AND GONADS;
7. LASER TREATMENT FOR SCARS FROM GENDER-AFFIRMING TREATMENT;
8. STANDARD FERTILITY PRESERVATION PROCEDURES, AS SET FORTH IN § 15-810.1 OF THE INSURANCE ARTICLE;
9. REVISIONS TO PREVIOUS TREATMENTS AND REVERSAL OF TREATMENTS;
10. COMBINATIONS OF GENDER-AFFIRMING PROCEDURES; AND
11. OTHER TREATMENTS AS PRESCRIBED TO SUPPRESS THE DEVELOPMENT OF ENDOGENOUS SECONDARY SEX CHARACTERISTICS, ALIGN THE INDIVIDUAL'S APPEARANCE OR PHYSICAL BODY WITH GENDER IDENTITY, AND ALLEVIATE SYMPTOMS OF CLINICALLY SIGNIFICANT DISTRESS RESULTING FROM GENDER DYSPHORIA.

(III) "GENDER-AFFIRMING TREATMENT" MAY INCLUDE TREATMENT DESCRIBED IN THE CURRENT CLINICAL STANDARDS OF CARE FOR GENDER-AFFIRMING TREATMENT PUBLISHED BY THE WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH.

(3) "GENDER IDENTITY" HAS THE MEANING STATED IN § 20-101 OF THE STATE GOVERNMENT ARTICLE.

(B) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE PROGRAM PROVIDE GENDER-AFFIRMING TREATMENT TO ALL PROGRAM RECIPIENTS FOR WHOM GENDER-AFFIRMING TREATMENT IS MEDICALLY NECESSARY, INCLUDING TRANSGENDER, NONBINARY, INTERSEX, TWO-SPIRIT, AND OTHER GENDER DIVERSE INDIVIDUALS.

(C) (1) THE PROGRAM SHALL PROVIDE COVERAGE FOR MEDICALLY NECESSARY GENDER-AFFIRMING TREATMENT IN A NONDISCRIMINATORY MANNER.

(2) THE GENDER-AFFIRMING TREATMENT SHALL BE ASSESSED ACCORDING TO NONDISCRIMINATORY CRITERIA THAT ARE CONSISTENT WITH CURRENT CLINICAL STANDARDS OF CARE.

(3) THE PROGRAM MAY NOT DENY OR LIMIT COVERAGE FOR GENDER-AFFIRMING TREATMENT WHEN THAT TREATMENT IS:

(I) PRESCRIBED TO A PROGRAM RECIPIENT BECAUSE OF, RELATED TO, OR CONSISTENT WITH THE RECIPIENT'S GENDER IDENTITY;

(II) MEDICALLY NECESSARY; AND

(III) PRESCRIBED IN ACCORDANCE WITH CURRENT CLINICAL STANDARDS OF CARE.

(4) THE PROGRAM MAY NOT DENY OR LIMIT COVERAGE FOR GENDER-AFFIRMING TREATMENT BASED ON THE PROGRAM RECIPIENT'S GENDER IDENTITY.

(5) THE PROGRAM MAY NOT EXCLUDE GENDER-AFFIRMING TREATMENT, INCLUDING REVISIONS TO PRIOR GENDER-AFFIRMING TREATMENT, ON THE BASIS THAT THE TREATMENT IS A COSMETIC SERVICE.

(6) THE PROGRAM MAY NOT ESTABLISH A CATEGORICAL EXCLUSION FOR A PARTICULAR GENDER-AFFIRMING TREATMENT.

(7) THE PROGRAM MAY NOT ISSUE AN ADVERSE BENEFIT DETERMINATION DENYING OR LIMITING ACCESS TO GENDER-AFFIRMING TREATMENT UNLESS A HEALTH CARE PROVIDER WITH EXPERIENCE PRESCRIBING OR DELIVERING GENDER-AFFIRMING TREATMENT HAS REVIEWED AND CONFIRMED THE APPROPRIATENESS OF THE ADVERSE BENEFIT DETERMINATION.

(D) (1) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2024, EACH MANAGED CARE ORGANIZATION SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES:

(I) THE NAME AND LOCATION OF EACH HEALTH CARE PROVIDER OFFERING GENDER-AFFIRMING TREATMENT WITH WHICH THE MANAGED CARE ORGANIZATION HAS AN ACTIVE CONTRACT; AND

(II) THE TYPES OF GENDER-AFFIRMING TREATMENT PROVIDED BY EACH HEALTH CARE PROVIDER.

(2) (I) ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2025, THE DEPARTMENT SHALL COMPILE AN ANNUAL REPORT ON GEOGRAPHIC ACCESS TO GENDER-AFFIRMING TREATMENT ACROSS THE STATE.

(II) THE REPORT SHALL INCLUDE:

1. THE NAME AND LOCATION OF EACH HEALTH CARE PROVIDER OFFERING GENDER-AFFIRMING TREATMENT TO PROGRAM RECIPIENTS;

2. THE MANAGED CARE ORGANIZATIONS THAT HAVE ACTIVE CONTRACTS WITH EACH HEALTH CARE PROVIDER; AND

3. THE TYPES OF GENDER-AFFIRMING TREATMENT PROVIDED BY EACH HEALTH CARE PROVIDER.

(III) THE DEPARTMENT SHALL PUBLISH THE REPORT IN A CONSPICUOUS MANNER ON THE DEPARTMENT'S WEBSITE.

(3) THE DEPARTMENT AND EACH MANAGED CARE ORGANIZATION SHALL INCLUDE THE NAME, LOCATION, AND TYPES OF SERVICES FOR EACH PROVIDER OFFERING GENDER-AFFIRMING TREATMENT IN THEIR PROVIDER DIRECTORIES.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2023.