

Support SB 738
February 25, 2020

Health Care Providers and Health Benefit Plans - Discrimination in Provision of Services
Support SB 738

I consider myself very good at navigating bureaucracy. I am white, middle class, and work from home in a digital job. I am also very organized. In spite of all of this, I have still faced month-long hurdles to getting health care and denials of service due to my trans identity.

Starting with Kaiser Permanente, who I informed about my transgender identity, I was unable to get on hormone therapy for many months afterwards. My doctor said they would put a request in but nothing ever came of it. She said the trans healthcare team would contact me, they did not. 3 months later, same thing. I ended up going to Planned Parenthood in Pennsylvania to get hormones through informed consent, but Kaiser's insurance did not cover it because it wasn't at a Kaiser facility.

Once I was on hormones, I tried to go through Kaiser again. Not only would they not cover it, they said that I would have to get off hormones and go to their therapist in house in order to be approved for hormones. This is not required by other insurances in the Maryland Marketplace - informed consent is covered by Carefirst, for instance.

I fear for other trans people who enter the Kaiser system not knowing of this requirement and have to get off of their hormones.

On top of it, Kaiser was unwilling to even test my blood for my hormone levels while I was getting care at Planned Parenthood. I tweeted about this which resulted in a call from Kaiser and my levels being tested only after raising hell.

I ended up switching out from Kaiser to Carefirst. Carefirst has been better, but I am still experiencing problems. One major problem I am experiencing is the lack of injection coverage: Injections, which I require because I do not tolerate the anti-androgen drug spironolactone, is covered as a "medical benefit" and not a "pharmacy benefit". As a result, I can get denied coverage for my prescription without ever getting a denial of coverage letter.

I pay for my hormone therapy out of pocket and I am positive many other people do too.

I am fearful of the process for gender affirming facial surgery and gender reassignment surgery, as I hear from others that it is an absolute crapshoot what will and will not be covered. I have a therapist writing a letter that my facial surgery is medically necessary for coverage, and some

states like Massachusetts require coverage for gender affirming facial surgery, but Maryland doesn't explicitly require it like Massachusetts does.

On top of all of this, I have paid thousands out of pocket for removal of my beard. I haven't even tried getting it covered - everyone in the local group gets denied this very basic but very expensive gender affirming procedure.

I ask the committee to provide a favorable report for SB 738.

Sincerely,

Erin Reed