

Bill Number: SB 738

Title: Health Care Provider and Benefit Plans Non-Discrimination Protections

Lead Sponsor: Senator Feldman

Committee: Finance

Written Testimony By: Kate MacShane, LCSW-C
Psychotherapist and Clinical Director
Maryland Center for Gender & Intimacy
Frederick, Maryland

Position: Support

Esteemed Members of the Senate Finance Committee,

My name is Kate MacShane, and I am a licensed clinical social worker based in Frederick, Maryland. I am the founder and clinical director of the Maryland Center for Gender and Intimacy, a practice that specializes in the provision of affirming mental health services for people who identify as LGBTQ+. I am a member of the World Professional Association of Transgender Health; the American Association of Sexuality Educators, Counselors, and Therapists; and the National Association of Social Workers.

I urge you to vote in support of SB738, which would prohibit discrimination by hospitals, healthcare providers, and healthcare insurers in Maryland on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, and disability. The passing of this legislation would have immediate profound, positive impact on the lives of the clients I serve who are gay, lesbian, bisexual, queer, transgender, nonbinary, and gender non-conforming.

Many of my clients seek therapy services with me in order to recover from the impacts of discrimination and prejudice based on their sexual orientation and/or gender identity. Too often, the discrimination they face comes from healthcare providers who, despite their ethical obligations not to do harm, leave my clients feeling rejected, judged, abandoned, and even traumatized by discriminatory practices. They need, and deserve, legislative protection.

Here is a recent example of why this legislation is so necessary. A transgender adolescent client of mine was receiving care from a psychiatric nurse practitioner upon whom he depended for medication to stabilize his mood and manage his symptoms of severe depression and anxiety. This young man had had his name and gender marker legally changed to reflect his identity, and he had recently had chest masculinization surgery and begun hormone therapy with full parental support. He had been using his affirmed name in all settings for several years. Despite all of this, this provider repeatedly called this client by the name given to him at birth and used she/her pronouns to refer to him. Upon being respectfully corrected numerous times by both the client and his mother, the nurse practitioner told him she refused to use his name because he “didn’t look like a boy” and admonished his parent for allowing her “daughter to treat adults that way.” After abruptly ended treatment in the middle of the appointment, this provider asked the parent to tell me not to refer any future transgender clients to her. This incident left my client

traumatized, embarrassed, and deeply depressed. Additionally, he then went without medication for several months, as he had been left without a prescription and his family was understandably reluctant to try to start over with a new provider. The care my young client deserved was denied to him on the basis of his gender identity, and his respectful self-advocacy was met with utter rejection. This sort of treatment should absolutely be prohibited by Maryland law.

This is just one example of hundreds I could share with you to illustrate the deep need for this legislation. LGBTQ+ people need explicit protection from discrimination by hospitals, health care providers, and insurance companies. We cannot leave it up to the federal government to protect these vulnerable populations; it is time to take immediate action at the state level.

Thank you in advance for your support of this essential legislation.

Sincerely,

Kate MacShane, LCSW-C