



HOMELESS PERSONS REPRESENTATION PROJECT, INC.

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SUPPORT – SB 682

Maryland Medical Assistance Program – Gender-Affirming Treatment

Trans Health Equity Act of 2022

Senate Finance Committee

February 22, 2022

Chair Kelley and Members of the Committee,

Thank you for the opportunity to provide written testimony in support of Senate Bill 682, on behalf of the Homeless Persons Representation Project (HPRP). HPRP is a nonprofit legal services organization that provides free legal representation to those at risk of or experiencing homelessness, with the ultimate goal of ending homelessness in Maryland.

Maryland's Medicaid program has fallen behind medical science, and the consequence is that more Marylanders are exposed to housing and employment discrimination when their physical appearance does not match their internal sense of self.

Other states have already begun to better protect their constituents by requiring insurance carriers and state Medicaid programs to comply with current medical best practices. *See* Virginia Code § 38.2-3449.1; Washington Revised Code § 48.43.0128; New York Codes, Rules, and Regulations § 505.2(l); California Welfare and Institutions Code § 16010.2.

Indeed, many states have recognized that providing gender-affirming care has only de minimis costs. *See* [Actuarial Report for the State of Colorado](#), Wakely, at 4-5 (2021) (determining that gender-affirming treatment costs would be only 0.04% of total allowed claims for the State Essential Health Benefits plan); [Capitation Rate Development for Medicaid Managed Care Programs](#), Wisconsin Department of Health Services, 18 (2020) (concluding that providing gender-affirming treatment would have an “immaterial” impact on costs); *Insurance Commissioner's Advisory Memorandum*, Office of the Montana State Auditor, at 2 (2016) (“There is ample evidence to show that the cost of transgender services have a negligible effect on premium.”); [Economic Impact Assessment](#), State of California, 2 (2013) (concluding that providing gender-affirming treatment would have “insignificant and immaterial” costs).

For Maryland, the same is true: the up-front costs of providing this medically necessary care is a drop in the bucket, representing only one-half of 0.01% of the State's Medicaid budget. With the cost savings Maryland will reap in reduced medical complications and social discrimination that often stem from denying necessary medical care, there is no reason to not pass SB 682.

HPRP urges the Committee to modernize our public health by issuing a favorable report on SB 682. Thank you for your consideration. Please contact Sam Williamson at 410-656-8364 with any questions.