

**Testimony in Support of SB 682**  
Maryland Medical Assistance Program – Gender-Affirming Treatment  
(Trans Health Equity Act of 2022)  
Senate Finance Committee  
February 22, 2022

Claudia Taccheri  
District 45

Dear Chair Kelley, Vice Chair Feldman, and Members of the Senate Finance Committee

Thank you for the opportunity to testify in support of SB682. My name is Claudia Taccheri and I am a medical student at the Johns Hopkins University School of Medicine. I am writing today to express support for SB 682. This bill would update Maryland’s Medical Assistance Program coverage to be in line with current guidelines from leading healthcare institutions, including the American Medical Association and the American College of Physicians.<sup>1,2</sup>

Adopting SB 682 would provide necessary updates to the current Maryland Medical Assistance Program that are past-due. This bill not only supports evidence-based practice but furthermore it would bring Maryland up to date with current standards of care. The law as it currently stands denies medically necessary care to a systemically marginalized community, and in doing so actively perpetuates harm to this community. By denying care to the recipients of the Maryland Medical Assistance Program, this law disproportionately impacts those within the transgender community who hold other marginalized identities as well.

Guidelines from the American College of Physicians “recommends that public and private health benefit plans include comprehensive transgender health care services.”<sup>3</sup> This position from the American College of Physicians is founded in evidence that availability of gender affirming care has a significant impact on the health and wellbeing of a vulnerable community. There is a wealth of research that demonstrates how systemic inequity in care for the transgender community manifests in disparities in health, including mental health, disability, and cancer to name only a few.<sup>4,5,6,7,8,9,10,11,12</sup> These adverse health outcomes are the direct result of lack of healthcare access, and they are yet more severe for transgender people who occupy other systemically marginalized identities, including those who are disabled, people of color, of lower

---

<sup>1</sup> American Medical Association (AMA) House of Delegates (HOD): Removing Financial Barriers to Care for Transgender Patients. Resolution: 122 (A-08), 2008.

<sup>2</sup> Daniel H. Butkus R; Health and Public Policy Committee of American College of Physicians: Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Ann Intern Med* 2015;163:135–137.

<sup>3</sup> Daniel H. Butkus R; Health and Public Policy Committee of American College of Physicians: Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Ann Intern Med* 2015;163:135–137.

<sup>4</sup> Padula WV, Baker K. Coverage for gender-affirming care: Making health insurance work for transgender Americans. *LGBT Health* 2017;4(4):244–247.

<sup>5</sup> Fredriksen-Goldsen KI, Kim HJ, Emlert CA, et al. The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults. 2011. Seattle: Institute for Multigenerational Health.

<sup>6</sup> Grant J, Mottet L, Tanis J, et al. Injustice at every turn: A report of the national transgender discrimination survey. 2011. Washington, DC, National Center for Transgender Equality and National Gay and Lesbian Task Force.

<sup>7</sup> Gonzales G, Henning-Smith C. Barriers to care among transgender and gender nonconforming adults. *Milbank Q* 2017;95(4):726–748.

<sup>8</sup> James SE, Herman JL, Rankin S, et al. The report of the 2015 U.S. transgender survey. 2016. Washington, DC, National Center for Transgender Equality.

<sup>9</sup> Rider GN, McMorris BJ, Gower AL, et al. Health and care utilization of transgender and gender nonconforming youth: A population-based study. *Pediatrics*. 2018;141(3):e20171683.

<sup>10</sup> Services and Advocacy for GLBT Elders (SAGE), National Center for Transgender Equality (NCTE), Auldridge A, et al. Improving the lives of transgender adults. New York and Washington, DC, SAGE and NCTE; 2012.

<sup>11</sup> Streed CG, McCarthy EP, Haas JS. Association between gender minority status and self-reported physical and mental health in the United States. *JAMA Intern Med* 2017;177(8):1210–1212.

<sup>12</sup> Veale JF, Watson RJ, Peter T, Saewyc EM. The mental health of Canadian transgender youth compared with the Canadian population. *J Adolesc Health* 2017;60(1):44–49.

income, and middle-aged.<sup>13,14,15,16</sup> The data is clear that improving access to gender affirming procedures results in improved health outcomes, and there is broad consensus within the medical community that this care is medically necessary.<sup>17</sup>

I have also seen how being able to access gender affirming care has impacted my friends and loved ones, and myself. Being able to present to the world in a way that reflects one's identity has an immeasurable impact on overall wellbeing. As someone who will rely on gender affirming care to be able to live authentically in my own gender identity, the thought that I could be denied care based on insufficient coverage is deeply upsetting. Knowing that this care is available to me when I am ready to pursue it has had a profound impact on my own life.

Please support SB 628 to bring Maryland up to date with current standards in medicine and public health.

Thank you for your consideration,

Claudia Taccheri

---

<sup>13</sup> Kattari SK, Walls NE, Speer SR. Differences in experiences of discrimination in accessing social services among transgender/gender nonconforming individuals by (Dis) ability. *J Soc Work Disabil Rehabil* 2017;16(2):116–140.

<sup>14</sup> Kattari SK, Walls NE, Whitfield DL, Langenderfer-Magruder L. Racial and ethnic differences in experiences of discrimination in accessing health services among transgender people in the United States. *Int J Transgend* 2015;16(2):68–79.

<sup>15</sup> White Hughto JM, Murchison GR, Clark K, et al. Geographic and individual differences in healthcare access for US transgender adults: A multilevel analysis. *LGBT Health* 2016;3(6):424–433.

<sup>16</sup> Kattari SK, Hasche L. Differences across age groups in transgender and gender non-conforming people's experiences of health care discrimination, harassment, and victimization. *J Aging Health* 2016;28(2):285–306.

<sup>17</sup> Lombardi E. Transgender Health: A Review and Guidance for Future Research—Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh. *International Journal of Transgenderism*. 2011;12:211–29.