

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

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Johns Hopkins University and Medicine urges a favorable report on **SB 682 – Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022)**. This bill will require the Maryland Medical Assistance Program to provide gender-affirming treatment. It also prohibits 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.

Currently, many low-income Marylanders on Medicaid are denied access to the full scope of medically-necessary, gender-affirming treatments because certain treatments had been excluded from coverage under the existing Program or were denied because of the person's gender-diverse or non-binary identity. Additionally, coverage determined medically necessary by the patient's healthcare provider has been denied when reviewed by Program administrators lacking in gender-affirming care experience and expertise. The Program modifications proposed in the bill would significantly reduce barriers to medically necessary care and address the persistent health inequity faced by Maryland's transgender and gender-diverse (TGD) communities, increase the cost-effectiveness of the program's support of low-income Marylanders on Medicaid, and ensure insurance coverage determinations are grounded in standards of care evaluated by appropriately experienced health care practitioners.

Since 2017, the Johns Hopkins Center for Transgender Health (JHCTH), a multidisciplinary service line within Johns Hopkins Medicine, has offered comprehensive evidence-based, gender-affirming treatment to over 3,000 patients seeking care across multiple disciplines, including performing over 600 gender-affirming surgeries. Evidence-based science and best practices are the foundation of our work. Our mission of providing gender-affirming care embodies our core values of diversity, inclusion, leadership, excellence and integrity. The negative impacts of discrimination and societal stigmatization targeted at TGD people that result in health disparities and impact the social determinants of health in areas such as employment, housing, insurance coverage, and access to health care are well documented.

Poverty is the most important social determinant of health. The 2015 U.S. Transgender Survey Maryland State Report, a Maryland-specific analysis of respondents participating in the largest, most recent survey of transgender people conducted in the United States, found 22% of respondents were living in poverty; 25% experienced workplace discrimination (fired, not promoted, not hired) due to gender identity or gender expression; and 9% were unemployed. In addressing health-care-specific inequity, the study reported that 25% of respondents experienced problems with insurance, either being denied coverage for gender-affirming care or being denied coverage for routine care because of their gender identity. Twenty-five percent reported workplace discrimination, including, in some cases, termination because of their gender identity; 24% of respondents experienced housing discrimination, with 11% reporting some period of homelessness, and 29% were mistreated in public accommodations because of their gender identity. These figures, while staggering, are unsurprising given that a disproportionate segment of the transgender community lives in poverty.

The approximately 2,000 TGD Marylanders who are currently enrolled in Medicaid are some of the most vulnerable in the State. The State has a responsibility to serve its citizens. Ensuring these individuals have access to the health care they want and need is a vital part of Maryland fulfilling its responsibility to these citizens. By passage of this legislation, the State can have a direct impact on improving the lives of the most vulnerable and do so in a cost-efficient manner. The cost of the enhanced coverage of the range of gender-affirming treatments is *de minimis*. The services are federally reimbursable and the number of recipients utilizing the benefits are small. Further, covering gender-affirming care is cost efficient due to savings on downstream costs such as in housing and employment discrimination as well as healthcare cost off-sets in reduced spending on other medical care due to increased mental health and wellbeing that results from accessing gender-affirming care.

While Maryland Medicaid policy has explicitly covered transition-related health care, limitations on coverage, negative coverage determinations made by unqualified reviewers, and discrimination against gender-diverse people outside of the gender binary continue to be insurmountable barriers to care access for many. The State can and should do more to address these needs and join other jurisdictions in providing more comprehensive gender-affirming care to our TGD citizens.

For these reasons, Johns Hopkins urges the Finance Committee to issue a **favorable report on SB 682**.