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Testimony in support of SB682

Trans Health Equity Act - Gender Affirming Care with Maryland Medicaid

Senate Finance Committee

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Frederick, Maryland
Johns Hopkins Dept. of Otolaryngology
Head and Neck Surgery
and
Center for Transgender Health
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Dear Chair Kelley, Vice Chair Feldman, and Members of the committee:

Thank you for the opportunity to provide testimony in support of Senate Bill 682. As a speech-language pathologist specializing in voice, I provide gender-affirming evaluation and treatment as part of a multi-disciplinary team at John Hopkins University. I am here to advocate for this important legislative initiative.

Access to competent and adequate healthcare is an ever-present issue in the lives of marginalized populations. This is especially true of individuals seeking gender-affirming medical intervention and more specifically voice-related care. Gender identity disorders and gender dysphoria are recognized diagnoses by the American Medical Association, American Psychiatric Association, American Academy of Pediatrics, and the World Health Organization. Every day, I meet and hear the stories of individuals and families who are struggling to find

coverage for care that evidence-based medicine supports is intrinsic to an individual's wellbeing. Voice therapy, is a non-surgical, inexpensive intervention that can provide profound positive effect as voice is inextricably tied to identity. I have known patients with vocal dysphoria, unable to access care, who have tragically ended their lives. I've had patients and parents spend hours calling Medicaid and other insurance providers, searching support groups, rationing their savings, working multiple jobs, trying to access and afford care. I've written countless letters in support of care only to have life-saving care denied with tragic results.

It is not just adult patients that suffer when access to care is denied. In our younger population, the middle and high school children, it is developmentally normal to question self-identity, and search for belonging. Gender non-conforming children are often extraordinarily psychologically isolated. Then by not having access to intervention and a system that can support them we place them at unacceptable risk. These children often are stigmatized by a diagnosis of gender dysphoria which under the present reimbursement model, or lack thereof, disqualifies or denies them from many recommended interventions.

Evidence based medicine supports the multi-disciplinary model of care our center provides. I work with primary care doctors, psychiatrists, social workers, dermatology, nurse practitioners, pediatric and adolescent medicine, endocrinologists, gynecology among many others as guided by the World Professional Association for Transgender Health (WPATH). We seek to treat the whole individual. The issues of denying patients access to care and coverage for care decimate that positive healthcare model.

I am advocating for the passing of SB682 because it is a necessary legislative initiative to further the wellbeing of our citizens and continue to provide the best model of care. I am hopeful our legislators will consider the positive impact that can and will be made with its passing.

Thank you for your consideration,

Ashley Davis, M.S., CCC-SLP