

21 February 2022

Please accept this testimony in support of the Trans Health Equity Act of 2022 (SB682/HB746).

By way of introduction, I am an internal medicine physician who provides primary care in the Baltimore region. I completed my medical school and training in Maryland, and I have been in independent practice for several years.

A large portion of my patient panel is transgender or nonbinary. I provide gender-affirming care, including hormone prescribing for medical affirmation (also referred to as “transition”). I have met and cared for hundreds of transgender people. I teach doctors in training about the medical needs of transgender people – I have lectured on this subject at local hospitals and health systems and at national conferences. In partnership with other experts in the field of transgender care, I have written a pocket guide to make it easier for other primary care doctors to begin gender-affirming hormones for patients who need it. And I belong to professional organizations which focus on transgender health, in order to ensure I’m providing the optimal standard of care for my patients.

The current coverage for transgender care is important, and I am very grateful for the expansion of coverage which occurred almost 10 years ago. Because of the current coverage, many of my patients have been able to access medically necessary care such as hormones, mental health care, and chest or genital surgery for feminization or masculinization. And by following the guidelines set forth by their insurance companies, they have received coverage for these services.

Happily, this expansion of services has not caused significant financial strain on the insurance system. In one study, which compared the cost of healthcare in a privately insured population before and after expansion of coverage to include gender-affirming care, the cost was minimal when spread out over the entire insured population: the additional cost totaled 6 cents per member per month (source: <https://jscholarship.library.jhu.edu/handle/1774.2/64057>).

Yet the current coverage leaves several unfortunate gaps. Hair removal and hair transplantation, speech therapy and voice surgery, facial feminization surgery, body contouring, and fertility preservation are all excluded from the current coverage. You might ask yourself – why are these procedures medically necessary? Especially given that patients may take hormones and generally have these covered by their current plans.

The effects of hormones on a person’s body can be difficult to erase. In a body which has been through a masculine puberty, there are many changes - including to bone structure, the pattern of hair growth on the face and body, and voice deepening - which are not significantly altered by taking feminizing hormones. Although hormones may cause facial or body hair to grow a little more slowly or to thin slightly, most transgender women still need to shave or otherwise remove hair from their face or body. As a result, permanent hair removal is a medically necessary component of gender affirmation for many transgender people.

Facial feminization surgery and vocal surgery are also medically necessary procedures. These procedures are not cosmetic. They are not elective. In our society, many people unconsciously ascribe a gender to a person that they see or meet. They examine hairstyles, clothing, speech patterns, mannerisms, and accessories in a split-second and decide whether to say “How can I help you, sir?” or “Excuse me, ma’am.” This unconscious analysis is how we categorize and understand people. This process is not malicious. Yet our society has an inherently binary understanding of gender. And there are people who will choose to challenge, confront, and even assault a person who presents with both feminine and

masculine characteristics. As a result of this intolerance, many people - especially transgender women of color - have lost their lives from acts of discrimination and violence. The lack of tolerance and compassion that leads some people to inflict harm on those they don't understand is a larger problem. But when transgender people are not immediately identifiable by their appearance or the sound of their voice by a malicious stranger on the street, they are safer. Furthermore, I have seen firsthand the improved physical and mental health which comes from living in a body which is – finally – aligned with one's internal gender identity.

Body contouring is a medically necessary procedure. Taking feminizing or masculinizing hormones causes reversible changes to muscle bulk and body fat distribution. These changes are an important component of achieving a goal gender expression. But hormones do not always lead to sufficient changes. Also, there may be medical reasons which limit someone's ability to take hormones permanently. For example, a transgender woman with a genetic predisposition to breast cancer might wish to minimize exposure to estrogen to reduce her risk of developing cancer. Body contouring is one way to achieve a more feminine body shape without putting herself at additional medical risk.

Family building is a right, no matter who you are. Families with same-sex parents benefit from reproductive technology to have children – and this service is covered (to a point) by insurance plans. Because of the unique health needs of transgender people, the process of family building is more complex than for a cisgender, same-sex couple. We know that taking hormones causes a reversible reduction of fertility. After having taken hormones for a period of time, holding them for several months enables a probable return of fertility, at which point fertility preservation procedures can be undertaken. Holding hormones for this time is not insignificant. As anyone who has had a menstrual period or has carried a pregnancy can tell you – fluctuations in one's hormones causes changes that can be challenging to navigate, even without the added layer of gender incongruence. Furthermore, taking estrogen for a prolonged period has caused scarring of the testicles and irreversible infertility in some people. For those who desire family building, the best chances of success are to pursue this prior to starting hormones. Yet for many young people starting hormones for the first time – often without the financial support of a family network – saving money for a procedure like this simply isn't realistic.

And this – ultimately – is the point. Each of the procedures set forth in this bill is medically necessary. Some of these procedures, such as hair removal and speech therapy and sperm cryopreservation, are relatively inexpensive for a health plan, but cost prohibitive for an individual. These are the procedures that are most likely to be widely adopted if this bill passes. Other procedures, such as facial surgery or fertility preservation, are more expensive but will not be used by as many people. Because each person is unique, not every transgender person will need or utilize each service. And compared to the total population of Maryland, the number of transgender people is relatively small: 0.6%.

Passing this bill will make a dramatic improvement on the lives of people who need and deserve this care, without expending a disproportionate amount of resources to accomplish this goal. I urge you to support the Trans Health Equity Act of 2022 (SB682/HB746).

Thank you for your time and consideration.

Best Regards,

A handwritten signature in black ink, appearing to read 'Hedian', written over a light blue grid background.

Helene F. Hedian, MD