

MCF_Fav_SB 682.pdf

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SB 682 – Maryland Medical Assistance Program – Gender Affirming Treatment (Trans Health Equity Act of 2022)

Committee: Senate Finance

Date: February 22, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF enthusiastically supports SB 682.

Data shows that transgender people experience rates of mental illness and substance misuse at rates much higher than the general population. This is especially true of transgender children and adolescents. A 2020 survey, done by the Trevor Project, showed that 52% of all transgender and nonbinary young people in the U.S. seriously contemplated killing themselves in 2020. Another study of 2020 found that 56% of transgender youth reported a previous suicide attempt and 86% reported suicidality.

Gender affirming treatment can have a profound impact on the behavioral health of transgender individuals. A study published in 2020 in the American Journal of Psychiatry found that among transgender individuals, undergoing gender-affirming surgery was significantly associated with a decrease in mental health treatment over time.

In this matter, I have the personal experience of my own family to draw on.

Our son (born a girl) experienced gender-questioning behavior from the age of 2. At the age of 13, he developed significant mental health problems, including severe self-injurious behavior and multiple suicide attempts, which was at the same time that he decided for himself that he was not of the gender assigned to him at birth. Because of his significant mental health issues, we (mistakenly) did not permit him to undertake any gender reassignment measures as an adolescent.

His mental health continued to decline, and he developed serious substance use issues. At a significant cost to the state, he:

- Spent 9 months in a Maryland Residential Treatment Center (RTC) (paid for by Medicaid)
- Experienced multiple inpatient hospitalizations (paid for by Medicaid)
- Lived for one year in a Residential Rehabilitation Program (RRP) (paid for by Medicaid)

At the age of 19, when he began his gender affirming treatment, his mental health challenges dramatically improved. He stopped self-injuring, there were no more suicide attempts, and furthermore he:

- Got sober
- Moved into his own apartment
- Finished college
- Got off of SSI
- Got off of SSDI
- Is now employed as a software engineer with a well-paying job.

He has joined the ranks of Maryland taxpayers. The cost savings to the state are inestimable.

Our son's gender-reassignment surgery was truly transformative. All transgender individuals should have the opportunity to live a happy and productive life. SB 682 would ensure this.

We urge a favorable report.

Director of Public Policy
The Maryland Coalition of Families
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Columbia, Maryland 21044
Phone: 443-926-3396
ageddes@mdcoalition.org

SB 682_PJC_Favorable.pdf

Uploaded by: Ashley Black

Position: FAV



Ashley Black, Staff Attorney
Public Justice Center
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SB 682

Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022)
Hearing of the Senate Finance Committee
February 22, 2022
1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. **PJC stands in strong support of SB 682, the Trans Health Equity Act of 2022,** which would require the Maryland Medical Assistance Program (Medicaid) to cover medically necessary gender-affirming treatment.

Maryland is home to over 22,000 individuals who identify as transgender. Nationally, the transgender community experiences higher rates of poverty compared to cisgender people.¹ Similarly, Black, Asian and other on-White LGBT people experience higher rates of poverty compared to their cisgender, straight same-race counterparts.² Transgender Marylanders are navigating a tiered healthcare system where certain gender affirming care that would be covered in private insurance is not covered for Medicaid beneficiaries. Further, the existing list of gender-affirming care that is currently covered by Medicaid is outdated and does not cover comprehensive medically necessary and life-saving care. The lack of access to gender-affirming care impacts low-income transgender Marylanders by leaving them vulnerable not only to discrimination in various areas of life, but also to physical and mental health complications.

SB 682 aims to correct this glaring disparity by requiring Medicaid to expand the gender-affirming care that it covers, allowing Maryland to join more than 10 other states that provide more comprehensive care. If passed, SB 682 would increase health equity and improve health outcomes, including mental and physical health, for

¹ Badgett, M.V. Lee, et al. UCLA School of Law Williams Institute, *LGBT Poverty in the United States* (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>.

² *Id.*

transgender Marylanders. For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 682**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

Ashley Davis Senate Testimony.pdf

Uploaded by: Ashley Davis

Position: FAV

Testimony in support of SB682

Trans Health Equity Act - Gender Affirming Care with Maryland Medicaid

Senate Finance Committee

February 22, 2022 @ 1:00pm

Ashley C. Davis, M.S., CCC-SLP
Frederick, Maryland
Johns Hopkins Dept. of Otolaryngology
Head and Neck Surgery
and
Center for Transgender Health
Johns Hopkins Medicine

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.

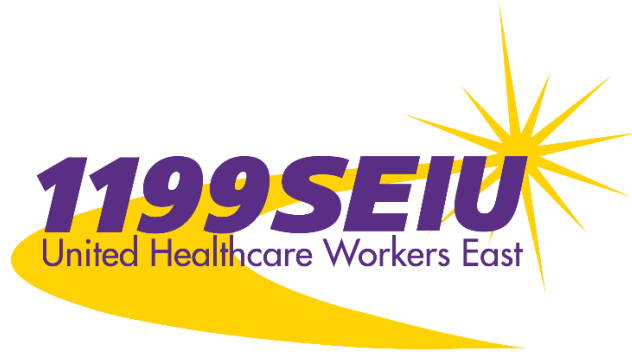
Thank you for your consideration,

Ashley Davis, M.S., CCC-SLP

TransHealthEquityActTestimonyFavorable.pdf

Uploaded by: BRIG DUMAIS

Position: FAV



Testimony on SB682
Trans Health Equity Act of 2022
Position: **FAVORABLE**

To Chair Kelley & Members of the Senate Finance Committee,

My name is Brige Dumais. I am the Political Organizer with 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent 10,000 members who work in hospitals and Long-Term Care facilities across Maryland/DC. Hundreds of our members work at LGBTQ health centers, including Chase Brexton in Maryland and Whitman Walker in DC; and many of our members that work at those (and other) facilities are LGBTQ themselves. Our union supports SB682: the Trans Health Equity Act of 2022 and we urge the Committee to vote **yes** on this bill to require the Maryland Medical Assistance Program to cover medically necessary gender-affirming treatment.

Given that transgender people are more likely to live in poverty than our cisgender counterparts, there is a glaring gap in the ability of transgender people in Maryland to access affordable, gender affirming care. Transgender Marylanders are currently being forced to navigate a tiered healthcare system where certain gender affirming healthcare procedures and medications are not covered through Medicaid. While some transgender folks can get gender affirming care through private health insurance, low-income transgender Marylanders who cannot afford private insurance are left behind. Transgender Marylanders' ability to have health insurance to cover gender affirming care should not be based on their employer's willingness to provide health insurance in

the first place, and certainly should not be subject to any employer's potential biases against transgender people that would cause the employer to not provide insurance plans that cover gender affirming care. Gender affirming care, like any healthcare, should be a decision made between a patient and their doctor.

Gender affirming care is lifesaving healthcare. Access to gender affirming care vastly reduces the suicide rates of transgender people, especially transgender youth, – who have a much higher than the rate of suicide for cisgender youth. A recent study highlighted in Forbes Magazine found that 52% of transgender & nonbinary youth seriously contemplated or attempted suicide in 2020. The article stated that transgender people who participated in the study said that “More than half [of transgender people] thought they would be better off dead, rather than trying to live with rejection, isolation, loneliness, bullying and being targeted by politicians and activists pushing anti-trans legislation.”

On a personal note, I am gender non-binary and my pronouns are they/them. Both as an Organizer with 1199SEIU and as a transgender Marylander, I urge the committee to issue a favorable report on the Trans Health Equity Act of 2022.

Sincerely,

Brige Dumais
Political Organizer
1199SEIU UHW East
brigette.dumais@1199.org

EMD_THEA_Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on **SB 682**
Maryland Medical Assistance Program - Gender-Affirming Treatment
Trans Health Equity Act of 2022

Position: **FAVORABLE**

To Chair Kelley and Members of the Senate Finance Committee:

As a coalition of more than 60 organizations across the state of Maryland fighting injustice in our healthcare system, End Medical Debt Maryland endorses **SB682: Trans Health Equity Act of 2022**. We urge the committee to issue a **FAVORABLE** report.

Gender-affirming care, like most healthcare in the United States, can be astronomically expensive. The Maryland Medical Assistance (Medicaid) Program fails to cover certain types of gender-affirming care, and as result, thousands of low-income transgender Marylanders are unable to receive coverage for lifesaving treatments. Marylanders who seek gender-affirming care are left to depend on employer-provided insurance or purchase private insurance at astronomical costs, a luxury that is not accessible to all. Even those fortunate enough to have private insurance coverage often find their plans do not cover gender-affirming care. Employers frequently purchase plans that do not cover the health needs of transgender workers, whether out of transphobia or a general lack of awareness about the necessity of gender-affirming care to save lives.

By expanding the Maryland Medicaid program, we can ensure low-income Marylanders have coverage for gender-affirming care regardless of their employment status.

No Marylander should be made to choose between pursuing the care they need and accumulating medical debt. That is the choice we are currently requiring of low-income transgender Marylanders who depend on Medicaid for healthcare coverage. Either option can lead to devastating consequences.

End Medical Debt Maryland respectfully urges the Committee to remove barriers to gender-affirming healthcare by voting **YES** on the **Trans Health Equity Act of 2022**.

Sincerely,

Brige Dumais, *Coalition Chair*
End Medical Debt Maryland
brigitte.dumais@1199.org

End Medical Debt Maryland is a statewide coalition of 60+ organizations and community members working together to pass comprehensive medical billing reform, educate Marylanders on their rights as patients, and eliminate barriers to healthcare. We are labor unions, faith leaders, patient advocates, consumer rights proponents, lawyers, healthcare providers, and people directly impacted by medical debt. Collectively, we represent over 350,000 Marylanders. Learn more at bit.ly/emdmaryland.

SB682 2022-02-21 Testimony of FreeState Justice to

Uploaded by: C.P. Hoffman

Position: FAV



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February 21, 2022

The Honorable Delores Kelley
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Testimony of FreeState Justice

IN SUPPORT OF

SB0682: Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)

To the Honorable Chair Delores Kelley, Vice Chair Brian Feldman,
and esteemed members of the Senate Finance Committee:

FreeState Justice is Maryland's lesbian, gay, bisexual, transgender,
and queer (LGBTQ) civil rights advocacy organization. Each year,
we provide free legal services to dozens, if not hundreds, of LGBTQ+
Marylanders who could not otherwise be able to afford an attorney,
as well as advocate more broadly on behalf of the LGBTQ+
community.

We write today in support of Senate Bill 682, because it will end the
discriminatory treatment of transgender patients under Maryland's
Medicaid system, which currently includes a number of blanket
prohibitions of transition-related care, in violation of both Maryland
and federal law.

In 2020, Maryland adopted Insurance § 15-1A-22(d), which provides
that health insurance carriers

may not refuse, withhold, or deny any individual coverage
under a health benefit plan offered by the carrier or otherwise
discriminate against any individual because of the

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*FreeState Justice, Inc. (formerly FreeState Legal Project, Inc., merging with Equality Maryland)
is a social justice organization that works through direct legal services, legislative and policy advocacy, and community
engagement to enable Marylanders across the spectrum of lesbian, gay, bisexual, transgender, and queer identities to be
free to live authentically, with safety and dignity, in all communities throughout our state.*

individual's race, sex, creed, color, national origin, marital status, sexual orientation, age, gender identity, or disability.

This legislation, which was heard by this very Committee, built upon existing federal protections under Section 1557 of the Affordable Care Act, codified at 42 USC § 18116(a), which prohibit insurance and healthcare providers receiving federal healthcare funding from discriminating on a number of protected grounds, including sex. Under both the United States Supreme Court's decision in *Bostock v. Clayton County, Georgia*, 590 U.S. __ (2020), available at https://www.supremecourt.gov/opinions/19pdf/17-1618_hfci.pdf, and guidance from the Department of Health and Human Services' Office for Civil Rights, "sex" includes both sexual orientation and gender identity. See "HHS Announces Prohibition on Sex Discrimination Includes Discrimination on the Basis of Sexual Orientation and Gender Identity" (May 10, 2021), available at <https://www.hhs.gov/about/news/2021/05/10/hhs-announces-prohibition-sex-discrimination-includes-discrimination-basis-sexual-orientation-gender-identity.html>.

Maryland's current prohibition on certain transition-related care dates to a 2016 transmittal from the Maryland Department of Health and Mental Hygiene to Medicaid Managed Care Organizations. Under this transmittal, 31 different types of transition-related care are expressly excluded from coverage, regardless of medical necessity. See Susan J. Tucker, "Maryland Medical Assistance Program Managed Care Organizations Transmittal No. 110" (March 10, 2016), available at https://health.maryland.gov/mmcp/mcoupsupdates/documents/pt_37_16.pdf. Despite more recent legislation at both the state and federal level clarifying that discrimination on the basis of gender identity is prohibited, as well as court decisions that state Medicaid programs must make individualized determinations of medical necessity based on the circumstances of the individual, the Maryland Department of Health and Mental Hygiene has declined to reconsider or update its 2016 transmittal, making legislative action necessary.

In a recent case, *Burns v. Maryland Department of Health*, OAH No. MDH-MCP-012-21-17696, attorneys from FreeState Justice challenged the legality of Maryland's blanket exclusions under both Maryland and federal law. But while the administrative law judge in that case found these arguments compelling, he ultimately held that he lacked authority to rule on them.

At the hearing, the Appellant argued I should reverse Amerigroup's decision because the policy upon which Amerigroup based the decision discriminates against transgender individuals. Based upon the literature and evidence the Appellant presented, I find that point well taken as it relates to Transmittal 100. However, I find no authority for me, in this proceeding, to reverse

Amerigroup's decision on those grounds. I find such arguments better directed to causes of action in other tribunals against entities other than Amerigroup.

Burns v. Maryland Department of Health at 12 n 11.

Unlike that administrative law judge, this committee has the power to remedy the injustice of Transmittal 110 and Maryland's current blanket exclusion of many types of transition-related care. Please do so.

For these reasons, FreeState Justice urges a favorable report on Senate Bill 682.

Testimony of Calvin Schuster in Support of SB 682.

Uploaded by: Calvin Schuster

Position: FAV

Testimony in Support of SB 682

Maryland Medical Assistance Program: Gender-Affirming Treatment
Trans Health Equity Act of 2022
Senate Finance Committee
February 22nd, 2022

Calvin Schuster
District 46

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

Thank you for the opportunity to testify in support of Senate Bill 682. My name is Calvin Schuster and I am a medical student at Johns Hopkins University School of Medicine. One of the first lessons I learned during my medical education is the importance of equitable access to care, particularly for marginalized patient populations that are already facing health disparities. SB 682 addresses a critical issue of health inequity that currently exists in Maryland: lack of access to medically necessary gender-affirming care.

Maryland Medicaid is denying coverage for many important gender-affirmation care services, and by doing so is going against modern standard of care recommendations as outlined by professional medical organizations such as the World Professional Association for Transgender Health, the American Medical Association,¹ and the American College of Physicians,² and as decided directly between patients and their providers. As a medical student, I have been able to speak with healthcare professionals at Hopkins and beyond over the past many months, and these conversations with my mentors, educators, and other physician advocates have shown me the overwhelming support of current healthcare providers for this bill. It is vital to address this inequity to further the overall health of our community.

As well as a medical student, I am also a transgender man, and I have experienced first-hand the importance of gender-affirming care in my own life. Being able to access all of the care that myself and my providers deemed medically necessary for my own transition has improved my quality of life drastically. Accessing care has enabled me to live authentically as myself, to focus on my education, and to become an active and thriving member of my community. If I were unable to access the care that I needed, I am confident that I would not have made it to where I am today.

To deny your transgender neighbors, family, friends, and loved ones this critically important care is to deny them the opportunity to live fully and authentically as themselves. It is to perpetuate unnecessary suffering by enabling discriminatory medical inequity, and it goes against the recommendations of modern medicine. Supporting SB 682 will help bring Maryland inline with

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

² 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.

current, scientifically-supported and evidence-based standards of care. Please consider supporting SB 682 to help create a happier, healthier, and more equitable Maryland.

Thank you for your time and consideration.

Sincerely,

Calvin Schuster

2302 E Baltimore Street
Baltimore, MD 21224

SB682_CassandraCox_Fav.pdf

Uploaded by: Cassandra Cox

Position: FAV

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

Cassandra Cox
6th Congressional District

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

SB 682 is vitally important. Current Maryland Medicaid provides outdated and minimal coverage to its trans patients. The trans community continually struggles against nonsensical coverage rules, extremely vague non-binary coverage, medication inaccessibility, discriminatory surgery denials, and much more.

As a non-binary trans person on Medicaid, I frequently find myself falling into a difficult grey area. Coverage for many of my prospective procedures is at best uncertain or, worse, completely uncovered. SB 682 would resolve these issues by having the necessity of my gender-affirming care reviewed by doctors experienced in providing trans healthcare.

The trans community is a vulnerable population. Trans people on Medicaid, even more so. Being able to access up-to-date comprehensive medical care easily and reliably, care that's monitored by trans-experienced doctors, would save so many lives.

On behalf of myself and my fellow trans Marylanders, I urge you to support SB 682.

Thank you,

Cassandra Cox
113 Calvert Terrace
Hagerstown, MD 21742

SB0682_Trans_Health_Equity_MLC_FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0682

Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)

Bill Sponsor: Senator Washington

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: **FAVORABLE**

I am submitting this testimony in strong support of SB0682 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

This bill would help trans individuals to convert to their correct gender by requiring the Maryland Medical Assistance Program to cover gender-affirming treatments that are medically necessary and proscribed in accordance with the current clinical standards of care. The program may not deny coverage by saying that these treatments are cosmetic; or by limiting the treatments; or having a separate health care provider approve them.

Our members feel that it is important to live comfortably in your own skin, and in order to live a healthy and productive life, these treatments are essential for trans individuals. Their concerns are not superficial, and they should not be ignored or denied as such.

We strongly support this bill and recommend a **FAVORABLE** report in committee.

SB 682_Claire Repsholdt_Lutheran Clergy.pdf

Uploaded by: Claire Repsholdt

Position: FAV

SUPPORT SB 682/ HB 746

Senate Finance Committee/ House Health and Government Operations Committee

February 22, 2022

Testimony of Claire Repsholdt, St. Mark's Lutheran Church

I am a Vicar working at a church in inner city Baltimore that has historically served the LGBTQ+ community. It is known for being a safe haven during the AIDS crisis in the 80s/90s. I serve many different people today who experience a wide range of expressions of gender and sexuality. Every day, I encounter the psychosocial and spiritual traumas associated with their identities that have kept them marginalized. Our openness to the LGBTQ+ community draws people to our church who do not feel comfortable in other spiritual communities. For instance, a woman who has been a long-time beloved member in another congregation, who was ousted when she began publically expressing her need to make a male-female transition later in life and live life as her true self, a woman. They excluded her from the community and reduced her ability to participate fully. She came to us so that she could have a new chance at fitting in, mind, body, and spirit. Her story is only one of many such stories in which trans and other gender questioning people are unable to fully participate in their communities and must start over. Much of this is due to not receiving appropriate healthcare that could help them align their physical and internal worlds. Because of their marginalized status, many of them must rely on the state for medical care, as they do not have coverage through employers. I know the benefits of Medicaid when it works well because my salary is such that I qualify for Medicaid and use it as my primary coverage. It has saved my life at an early stage of my career when I cannot afford better care. I would wish this for all persons who are on any spectrum of gender and sexuality experience. A bill that would allow Medicaid to affirm trans identity and other sexual expressions would be one large step toward acknowledging the fullness of psychospiritual experience in our communities, and would allow our spiritual wellness to do the work that it can do after appropriate mental and physical health care is done. This would bring me so much joy, as I could see my community have room to deal with their needs appropriately, and it would enable me to offer spiritual care that is not impeded with untreated mental and physical health needs.

SB 682.pdf

Uploaded by: Claudia Taccheri

Position: FAV

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.^{1,2}

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.”³ 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.^{4,5,6,7,8,9,10,11,12} 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

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

² 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.

³ 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.

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

⁵ 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.

⁶ 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.

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

⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.^{13,14,15,16} 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.¹⁷

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

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

Danny_THEA_Testimony.pdf

Uploaded by: Danny Mendoza

Position: FAV

My name is Danny Mendoza and as a Transgender Marylander and healthcare worker I stand in strong support of SB 682, the Trans Health Equity Act of 2022, which would require the Maryland Medical Assistance Program (Medicaid) to cover medically necessary gender-affirming treatment.

Maryland is home to over 22,000 Transgender siblings of mine. Nationally and locally, Transgender people experience higher rates of poverty and housing instability compared to cisgender people. Similarly, Black, Latin-American and other non-White LGBTQ+ people experience higher rates of poverty compared to their White, cisgender, straight counterparts. My family of Transgender Marylanders are navigating an outdated and life-threatening healthcare system where necessary gender affirming care that would be covered under a private insurance plan is excluded for Medicaid beneficiaries. As a healthcare worker and advocate for my local Trans community I have seen the daily ramifications of this outdated insurance coverage. For example, this past year I had a gender-affirming top surgery (double mastectomy) covered by my private employer insurance, however my girlfriend who is covered by Maryland Medicaid had to fight for months back and forth trying to get her bottom surgery approved and even then, was worried she would be left with medical debt.

I urge the committee to consider the incredibly high barriers to adequate health care Transgender Marylanders face on top of the daily turmoil being Trans in public has on our community. My journey to gender-affirming surgery took decades of feeling out of place and unwanted in a cisgender society, overcoming suicidal thoughts, finding my truth, surmounting hate crimes and the everyday threat of violence Transgender people face. Imagine living with all that only to be told the medical care you need to feel safe and affirmed is not covered by your insurance.

SB 682 aims to correct this glaring disparity by requiring Medicaid to expand the gender-affirming care that it covers, allowing Maryland to join more than 10 other states that provide more comprehensive care. If passed, SB 682 would increase health equity and improve health outcomes, including mental and physical health, for transgender Marylanders. Please help in saving the precious lives of people who have overcome so much to simply survive, I urge the committee to issue a FAVORABLE report for SB 682.

Sincerely,

Danny Mendoza

They/Them Pronouns

Montgomery County resident

dmendoza8713@gmail.com

SB0682 testimony.pdf

Uploaded by: Edgar Fields

Position: FAV

My transition is a story of transformation. Of the tremendous possibilities for accomplishment that open up to trans people when we have the tools to manifest who we truly are. And my story is common.

I was living in a warehouse with ten roommates when I realized that I needed to transition. And I was getting evicted from an even worse living situation when I was preparing for my top surgery - a procedure that would masculinize my chest. The nurses told me I cried when I woke up from the anesthesia. They said I told them that seeing my chest for the first time, the way it is supposed to look, was the first time I had relaxed in years. Within the six months that followed, I got an apartment, my first-ever job on a career track, and was accepted into two master's programs. Having access to the healthcare I needed was what gave me permission to start my life.

Like I said, my story is a common trans experience. I have a friend who landed a job with a six-figure salary shortly after he had the same surgery I did. Another friend who followed a lifelong dream of owning a business after his hysterectomy. Another who got engaged and bought a house after her sex reassignment surgery.

For many trans people, what happens when they get access to the gender affirming healthcare they need is that life becomes possible. Every trans Marylander who cannot access the healthcare they need because of denials from Medicaid is a person waiting in the wings to live beyond surviving day to day and graduate to their best self. A community of people as resilient and ambitious as trans people, when left to do what they need in order to realize full potential, is capable of dramatically changing our society for the better. The Trans Health Equity Act is what will get us there. Let us find out together what a better world looks like.

Support SB 682.pdf

Uploaded by: Eileen Lorenz

Position: FAV

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

Testimony of Eileen Lorenz

Bowie, MD (District 23)

I am not a medical or mental health expert, but I do know a basic fact that should dictate the future of this bill: trans people are people and should be treated with dignity and respect. My nephew will be 10 this coming April. He is one of the best kids I've ever known. He brings joy to any room he enters and is always beaming with a confidence I wish I had. As he gets older, I fear that his body could become a source of anxiety and insecurity if he does not have access to proper treatment. He deserves every opportunity that the cis population has to feel seen as himself– to have his exterior match his internal identity. I want him to know that the society he lives in values his health and would support his need for gender-affirming medical treatment, should that be his circumstance. There is no reason gender-affirming treatment should be approached any differently than other medical treatments. It has the power to improve and even save lives. Our trans friends, family members, and neighbors are all watching this legislative process. This vote can and will tell them whether the state of Maryland prioritizes their livelihood. Please vote in favor of SB 682.

Thank you for your consideration,

Eileen Lorenz

Elyse Pine written testimony SB682.pdf

Uploaded by: Elyse Pine

Position: FAV

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

Elyse Pine
Baltimore, Baltimore City
Chase Brexton Health Care

Chair Kelley and Members of the Committee,

I am a pediatric endocrinologist and the Trans Youth Lead Physician of the Gender Journeys of Youth Program at Chase Brexton Health Care. Chase Brexton Health Care provides medical and mental health services for over 5600 transgender and nonbinary people, and I personally care for approximately 600 transgender and nonbinary people.

I support SB 682. I have been providing gender affirming medical care for youth since 2011, and my practice is based on the Standards of Care set forth by the World Professional Association for Transgender Health, or WPATH. The WPATH Standards set forth the foundational tools for identifying and treating gender dysphoria. The Standards are respected by leading physicians both in the United States and internationally. The WPATH Standards of Care considers the care covered by this bill is necessary.

Study after study shows that affirming care and access to transition reduces depression, anxiety, suicidal ideation and improves the quality of life for transgender people, and therefore is considered medically necessary by all major medical organizations.

At a time when there are bills in 19 states that are trying to restrict or forbid medical care for transgender youth, I am very proud to be practicing in Maryland, which has supported and protected the rights of transgender youth in schools, in sports, and in physical and mental health.

I was very encouraged when Maryland Transmittal #110 was passed in 2016, which guaranteed Medicaid coverage of certain medical and surgical procedures.

And, I believe that Maryland can, and must, do better. The currently covered procedural and surgical benefits are necessary and important. However, there is a long list of exclusions, and the lack of coverage for these procedures causes significant distress for Maryland's transgender community.

Facial features are associated with specific gender. An appearance that does not align with a person's outward gender expression causes internal distress and poses specific safety concerns.

By 3 months of age, infants can perceptually distinguish faces based upon differences in gender. Differences in a person's jawline, brow ridge, nose, and Adam's apple all signal sex differences. A study by Morrison from 2020 found that following facial feminization surgery, all 66 transgender women had improved quality of life, more feminine gender appearance, and high satisfaction. A study by Gorbea (2021) showed more private insurance coverage of facial feminization surgery than Medicaid coverage.

I can recall one of my patients who was a very bright college student. Vaginoplasty was a covered procedure for her. However, she had difficulty attending her classes because of significant facial hair growth that occurred in the afternoon even after shaving every morning. She requested facial electrolysis, but it was an excluded benefit, and this limited her ability to attend classes and socialize, as it was difficult for her to leave her room for more than a few hours at a time.

Gender identity is not reduced to sexual function and genitals. Genital surgery is covered, as it must be, but walking in the world everyday hundreds of people see your face and make judgements. Facial feminization procedures, electrolysis and other medically necessary procedures are an incredibly high priority.

I have taken care of adolescents who had such terrible discomfort around their speaking voice that they developed selective mutism and would not speak with me or at school. Visits were conducted with writing or typing. Following voice therapy, our visits were completely different- changed from silent to chatty, with confidence in finding their authentic voices. These were patients whose families had means to pay for voice therapy privately.

You may notice that puberty blockers are included – this is *not* a change from current Medicaid policy. The new policy merely safeguards coverage for reversible, non-surgical treatments for youth, in line with medical best practices and current Maryland practice

WPATH's official position is that the necessity of a surgical procedure must be determined on an individualized basis with the patient's medical providers. This bill would get government out

of the doctor's office. The treatments I discussed today are not cosmetic, they are not experimental, -they are well-researched, highly regarded, and lifesaving.

The low-income Maryland transgender community deserve this lifesaving care.

I urge you to vote in favor of SB 682 with Senator Washington's amendment.

Thank you for your consideration,

Elyse Pine, MD

Chase Brexton Health Care

1111 N. Charles Street

Baltimore, MD 21201

Testimony from Pastor Emily Scott.pdf

Uploaded by: Emily Scott

Position: FAV



ST. MARK'S LUTHERAN CHURCH

1900 St. Paul Street + Baltimore, MD 21218

Phone: 410.752.5804

Email: admin@stmarksbaltimore.org

February 22, 2022

To the Leaders of the General Assembly of Maryland,

I am writing in favor of passing **HBO746 and SBO682, Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022).**

I am a Lutheran pastor in Baltimore, many of whose congregants are transgender. Working with these congregants, I see how clearly God is present in their lives, and how they thrive when they have access to gender-affirming care.

All of God's children deserve medical care that affirms their identity, and enables them to thrive in life. In addition, research shows that gender affirming care prevents a multitude of health and psychological issues, such as depression, anxiety, suicide, addiction, and avoidance of healthcare. And so I stand in support of these bills that will save the lives of many trans individuals.

Signed,

Pastor Emily Scott

Written Testimony in Support of SB 682.pdf

Uploaded by: Erica Burns

Position: FAV

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

Erica Burns
Reisterstown/District 10

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

I believe that SB 682 is important because it expands access to gender affirming care under Maryland Medicaid. Gender affirming care is something that is personal to me because I suffer from gender dysphoria and therefore, have been dependent upon hormone replacement therapy and surgeries to help alleviate this condition that there is no cure for. Unfortunately, Maryland Medicaid still does not cover all of the surgeries and procedures necessary for one to be able to completely treat dysphoria. This pertains to facial gender affirmation surgery (FGAS) and electrolysis for me in particular. While I am grateful to have been able to have gender reassignment surgery and breast augmentation covered under Maryland Medicaid, there is still my facial dysphoria to account for, which was brought on by a male puberty I didn't want to have to go through. Maryland is lagging behind when it comes to transition coverage and it is time it catches up, especially if it is going to call itself a blue state.

If I were able to obtain facial feminization surgery (FFS) and other transgender people were able to access the electrolysis I am thankful to no longer need through insurance coverage, the world would be a much better place in Maryland for transgender people. We could really start feeling most comfortable in our own skin, for when we aren't made to wear masks these days, the face is the main thing people see of one another. It is important, therefore, for our faces to be in line with our gender identities and, for transgender women specifically, to not have facial hair to account for. I, for one, would not have to worry about going out in public and being looked at funny or harassed because I would have more of a chance of passing as a cisgender woman through facial surgical intervention. I would simultaneously be more comfortable in my own skin.

Please do what you can to support the transgender community and fix this issue. We did not ask to be born this way and it has been a painstaking life as a result. The least the state of Maryland could do is account for its mishandling of us over the years by going all in and not just half way in. We deserve better treatment and we are not asking for too much here, when many other states are already covering the procedures mentioned above. This isn't a privilege. It is a right. Please support SB 682.

Thank you for your consideration,

Erica Burns
605 Saint Paul Avenue
Reisterstown, MD 21136

2_22 SB682 Maryland Medical Assistance Program - G

Uploaded by: Ericka McDonald

Position: FAV



TESTIMONY TO THE ECONOMIC MATTERS COMMITTEE

SB 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)

POSITION: Support

BY: Nancy Soreng - LWVMD President

DATE: February 22, 2022

The League of Women Voters of Maryland (LWVMD) supports Senate Bill 682: Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022). The bill requires Maryland Medicaid to provide medically necessary gender-affirming care, using nondiscriminatory and current standards. It would affirm the rights of transgender Marylanders who face discrimination in receiving medically necessary care.

The League of Women Voters believes in social justice and the health and safety of transgender Americans. The League's *Health Care Policy* states that ***affordable access to a basic level of quality care should be provided for all U.S. residents.*** The league advocates for health care that is equally accessible and affordable to all.

Maryland currently denies medically necessary care to trans patients. Without this care, Marylanders face job and housing discrimination, harassment, and interpersonal violence.

The **Trans Health Equity Act of 2022** is important because it prevents state officials from interfering with the patient-physician relationship. Current medical care can be denied without regard to an individual's needs. It also ensures that gender-affirming care reaches two spirit, nonbinary, intersex, and other gender diverse individuals.

The rising costs of discrimination are paid by Marylanders through emergency room visits, hospitalizations, and mental health care. Maryland is falling behind other states that permit doctors to provide individualized care.

The League, representing 1500+ concerned citizens throughout Maryland, urges the committee to give a favorable report to Senate Bill 682.

Trans Med Ins Bill.pdf

Uploaded by: Erin Lorenz

Position: FAV

My name is Erin Lorenz and I am a resident of Annapolis, Maryland and a teacher at a local public high school.

I am writing to express my support for HB 746/SB 682. This piece of legislation will provide immeasurable support for our transgender neighbors as they navigate the challenging and often confusing path of gender-affirming medical procedures. By ensuring that these procedures can be covered by insurance, the state of Maryland will be protecting our citizens' mental health and well-being and taking leadership in being a fully welcoming state to people of all genders and gender expressions.

As a high school teacher, I see the beginning stages of a person understanding themselves to be trans and I have seen a great deal of the anguish and conflict that surrounds their physical appearance. On an even more personal note, a young family member has also recently come out as trans, and I am hoping that we can make his life as full and affirming as anyone else living in Maryland.

Thank you for supporting this bill.

Testimony in Support of SB 682-Erin Maxwell.pdf

Uploaded by: Erin Maxwell

Position: FAV

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

Mx. Erin Collins Maxwell
Pronouns: They/them/theirs
Charles Village, 14th District
Chase Brexton Health Care-Center for LGBTQ Health Equity

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

I believe that SB 682 is important because I have seen first-hand as a Trans Care Navigator the financial and emotional burden being unable to access medically necessary care has placed on our trans, non-binary, and gender non-conforming community members. A part of my role at Chase Brexton is assisting clients in navigating the gender-affirming surgical assessment process, as well as writing letters for insurance coverage, but for folks seeking facial feminization/masculinization, electrolysis, body contouring, or other procedures that Maryland Medicaid deems “cosmetic,” these conversations evolve into lengthy and emotionally-charged planning sessions of how clients can potentially even afford to undergo surgery if their insurance plan will not offer coverage and has an extensive history of denying appeals. Similarly, procedures like electrolysis, which are required by surgeons for things like vaginoplasty or phalloplasty to reduce the chance of potential infection, are enormously expensive, and the clients I have met do not often have the financial means or supports to afford to pay for these services out of pocket. Therefore, clients who simply want to live as themselves for themselves and are experiencing high levels of anxiety, major depression, and suicidal ideation as a result of their bodies not matching up with their identities are being told by the state that their care is “not necessary” when there is an abundance of evidence to suggest otherwise by major institutions such as the NASW, the APA, the AMA, the Endocrine Society, and WPATH, and I as a clinician find these barriers to care made by Maryland Medicaid to be outdated, egregious, and unjustifiable.

By supporting Senate Bill 682, you are telling our trans community that their voices matter. By affording them access to care that many other state Medicaid policies such as New Jersey, California, and New York have adopted as mandatory into their coverages for gender-affirming care, you are setting a precedent for creating a safe, affirming, and welcoming environment that supports and uplifts trans lives. I hope that this can be an instance in which the stories that are being shared with you all today will resonate as to why healthcare is not a privilege but is an incontestable right to be shared by everyone.

Please help our community in the fight for trans rights and be on the right side of history by supporting Senate Bill 682!

Thank you for your consideration,

Mx. Erin Collins Maxwell
Chase Brexton Health Care-Center for LGBTQ Health Equity
1111 N. Charles St
Baltimore, MD 21218

SB0682_written_testimony.pdf

Uploaded by: Fiona Leathers

Position: FAV

Good Day Legislators,

As a transgender Maryland resident, I am writing today to **support** the Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022). I believe that by helping transgender persons currently on Medicaid continue the medical portion of their transition, we can improve the quality of life for a group of disadvantaged residents who may otherwise not be able to adequately assimilate as their true gender.

It's hard to describe to someone who has never experience gender dysphoria what it means to look at yourself and think *I look good, presentable, myself* and have the slightest sideways glance of a reflective surface unravel all those positive things you might have felt just a moment ago. To ask yourself daily if people are just going along with your name and pronouns; humoring you because it's the trendy thing to do. Surgery doesn't fix this feeling entirely, but it goes a long, long way to helping many trans people find acceptance within and without.

Thank you for your time.

Sincerely,

Fiona Leathers

Owings Mills, Maryland

Written testimony_2.20.22.pdf

Uploaded by: Helene Hedian

Position: FAV

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

Senate Bill 682 - support - FIN - Gender-Affirmin

Uploaded by: Henry Bogdan

Position: FAV

February 22, 2022

Statement on Senate Bill 682
Maryland Medical Assistance Program - Gender-Affirming Treatment
(Trans Health Equity Act of 2022)
Senate Finance Committee

Position: Support

Maryland Nonprofits is a statewide association of more than 1300 nonprofit organizations and institutions. We urge you to support Senate Bill 682 to further the cause of equity in access to health care and treatment for all Marylanders.

Senate Bill 682 would allow Medicaid-eligible transgender persons to receive coverage for several gender-affirming medical procedures. Maryland is using 20-year-old guidelines for the needs of Maryland's trans community – Other states are already providing more robust care under Medicaid.

These services are federally reimbursable and will be used by only a small portion of our population.

Maryland will save on down-stream costs from long-term physical and mental health complications, and reduce the costs incurred from housing and employment discrimination.

Gender-affirming care has been shown to dramatically increase mental health and wellbeing, and multiple major medical associations support comprehensive care for the trans community including the American Medical Association, the American Psychiatric Association, and American Academy of Pediatrics.

We urge you to give Senate Bill 682 a favorable report.

2022-SB682-FAV-MD Medical Assistance Program Gende

Uploaded by: Huck Talwar

Position: FAV



On Our Own of Maryland, Inc.
7310 Esquire Court, Mailbox 14
Elkridge, MD 21075

Phone 410.540.9020
Fax 410.540.9024
onourownmd.org

**Written TESTIMONY IN SUPPORT OF SB0682:
Maryland Medical Assistance Program–Gender-Affirming Treatment
(Trans Health Equity Act of 2022)**

Thank you Chair Kelley, Vice Chair Feldman, and committee members for the dedication, work, time, and effort that you have put towards improving access to healthcare for Marylanders of all ages. On Our Own of Maryland is a statewide behavioral health education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 5,000+ community members with mental health and substance use challenges. We also run a statewide Transitional Age Youth (TAY) Outreach Project that empowers young adults in the behavioral health system.

On Our Own of Maryland is in full support of SB 682, Maryland Medical Assistance Program Gender-Affirming Treatment. We firmly believe that providing extensive health insurance coverage for gender-affirming treatment through the Maryland Medical Assistance Program will help eliminate the significant financial barriers that individuals face when transitioning, which can be a critical part of maintaining mental health, wellbeing, and recovery.

Gender-affirming medical treatments can have total costs of more than \$100,000, and most are not covered by insurance.¹ While not all transgender people wish to receive gender-affirming treatment, the lack of access for those who do can be devastating to their mental health. Numerous studies show that transgender youth and adults are far more likely than cisgender people to experience serious psychological distress, depression, substance use disorders, and suicidal ideation.² However, access to gender-affirming care can bolster mental health; research conducted in 2021 by the Trevor Project revealed that young adults who received hormone therapy were 40% less likely to experience recent depression or attempt suicide in the past year when compared to those who did not receive this treatment.³ Harvard's analysis of 2015 survey data shows gender-affirming surgeries contributed to a 42% reduction in psychological distress and a 44% reduction in suicidal ideation.⁴

A Personal Perspective from Huck Talwar, OOOMD TAY Mentorship Specialist:

As someone who does not identify with the gender they were assigned at birth, the feeling of being uncomfortable in your own skin is unrelenting. It is awkward, detrimental, mood-shifting, socially isolating, and negatively impactful.

¹ <https://www.businessinsider.com/transgender-medical-care-surgery-expensive-2019-6>

² https://suicidepreventionlifeline.org/wp-content/uploads/2017/07/LGBTQ_MentalHealth_OnePager.pdf

³ The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people
<https://www.thetrevorproject.org/blog/new-study-finds-gender-affirming-hormone-therapy-linked-to-lower-rates-of-depression-suicide-risk-among-transgender-youth/>

⁴ <https://www.hsph.harvard.edu/news/hsph-in-the-news/mental-health-benefits-associated-with-gender-affirming-surgery/>

Imagine waking up every morning with such severe anxiety that you get sick to your stomach, feeling immediately disappointed that you have to live life the way that you are, and feeling like something is wrong – that you as a human being are, simply put, *incorrect*. This is my daily wake-up routine. And while I have been using self-help and mental health treatment for eight years, they do not change the body I am in.

I have publicly identified as a man for four years, since I was 24. I do not always pass as male, so I get misgendered (called “miss” or “girl”) quite a bit. Each time, this hits my self-esteem, which is already low. It feels invalidating, like my identity isn’t mine.

In having a somewhat feminine figure paired with my short hair and beard, my safety is also in danger. It is no secret that the transgender body is fetishized by some and hated by others. Either way, not being able to get gender-affirming surgeries has put me in a lot of traumatizing situations, from being sexually assaulted, to physically assaulted, to being held at gunpoint. I have come across many people who either love that I look almost like a woman *and* a man, and others who hate it so much that they feel offended by me expressing my own identity. I am afraid to go out in public, use both the women’s and men’s restrooms, be alone outside of my home, make new friends whom I will have to “come out” to at some point. I do not live the life I want. My fears are not unfounded; 2021 saw at least 55 transgender or gender non-conforming people fatally shot or killed by other violent means.”⁵

Gender-affirming treatment is not cosmetic or unnecessary. Receiving treatment makes or breaks a person’s identity, confidence, self-esteem, and freedom. We just want to feel comfortable, feel like ourselves, and have the opportunity to do simple things that bring joy, like swimming without chest compression and an oversized t-shirt. The fact that there is a chance to make this life-changing, gender-affirming treatment affordable is extremely exciting for me and the LGBTQ+ community as a whole. It would not only help with confidence, but quality of life, happiness, peace of mind, and relief.

On Our Own of Maryland strongly urges you to support SB0682. Thank you.

⁵ <https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021>

Testimony for SB 682 - Maryland Medical Assistance

Uploaded by: Isabella Shycoff

Position: FAV



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(he/him)

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(she/they)

Isabella Shycoff
(she/her)

February 22, 2022

SB 682 Maryland Medical Assistance Program - Gender Affirming Treatment (Trans Health Equity Act of 2022)

Position: Support

We, the board of directors of Annapolis Pride, support SB 682.

Our understanding is that Maryland's Medicaid program does not provide coverage for a number of transition-related treatments, as it has deemed them to be cosmetic.

This bill helps make access to healthcare for all Marylanders more fair and equitable. It updates our healthcare program as other states have done, to better support our trans, non-binary, and gender nonconforming community.

It specifies that the Medicaid program cannot adopt blanket denials for types of transition-related care, and instead creates a policy that medical necessity must always be determined in the context of the individual's circumstances.

We strongly urge a favorable report on SB 682.

SUPPORT SB682 JM.pdf

Uploaded by: Jeremy Miller

Position: FAV

SUPPORT SB 682

Senate Finance Committee

February 22, 2022

Testimony of Jeremy Miller, resident physician (Rosedale, MD)

Dear Chair and Members of the Committee,

I appreciate the opportunity to testify in support of Senate Bill 682 as a resident physician who cares for transgender patients in Rosedale, MD.

This bill will bring Maryland Medicaid in line with other state and private insurance providers to provide medically necessary care based on up-to-date standards. As a resident physician, we have regular teaching and precepting by attending physicians on appropriate use of health care services, including referrals to specialists, imaging, and procedures. When Maryland Medicaid modifies the exclusion criteria for gender-affirming care, I am confident that as medical doctors we can help our Medicaid-insured patients access these services safely and judiciously.

As you can imagine, safety and security are the underpinnings of building a healthy life that includes preventive health care, good nutrition and exercise, and optimized physical and mental wellness which reduce overall morbidity and health care costs. Prior to becoming a doctor, I was a case manager and counselor who worked with patients on Massachusetts Medicaid "MassHealth". Having improved access to gender-affirming care made a world of difference for my low-income transgender patients with regards to safety from discrimination and improvement of mental and physical health.

The small group of 2,000 transgender Maryland residents on Medicaid deserve this same opportunity for health care coverage as provided by other state Medicaid plans and Maryland private insurance. Please support SB 682 to make medically necessary and life-saving care accessible for low-income Marylanders on Medicaid.

Thank you very much for your time and attention to this important issue,

Jeremy Miller

9101 Franklin Square Drive, Suite #214, Baltimore, MD 21237

SB 682_Jessica Denkevitz_fav.pdf

Uploaded by: Jessica Denkevitz

Position: FAV

Testimony in Support of SB 682

Maryland Medical Assistance Program – Gender-Affirming
Treatment (Trans Health Equity Act of 2022)
Senate Finance Committee
February 22nd, 2022

Testimony of Jessica Denkevitz, Esq.
Pikesville, 2nd District Baltimore County

Chair Delores Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill
682.

I believe that SB 682 is important as it will enable Marylanders reliant on Medicaid who suffer from gender dysphoria to live a healthy, safe and productive life. As a transgender woman, I am acutely aware of the many challenges transgender individuals regularly face. From social isolation, restricted access to medical care, and lack of acceptance in the workforce, many transgender individuals find themselves facing increased challenges. Gender affirming procedures, as determined necessary by medical professionals, are essential to the well-being, health, and workforce integration of transgender individuals. These procedures often have lifesaving effects by alleviating the pernicious effects of gender dysphoria. They did for me.

In the long run these procedures have been shown to greatly reduce the impact gender dysphoria has on an individual, and therefore minimize the need for additional therapies and interventions. (In many cases treating one's gender dysphoria can greatly diminish or outright eliminate other conditions from which an individual may suffer, such as depression or reliance on drugs or alcohol).

Additionally, medically necessary treatments and procedures reduce the isolation and social ostracization many transgender individuals undergo in the workforce. This could mean less reliance on other social support programs such as unemployment, food stamps, and welfare.

For some time now Maryland has failed to meet the current reasonable standards established by the medical community regarding the scope of care and treatment of trans individuals. SB 682 moves Maryland forward by ensuring that

medical professionals can determine the appropriate level of care for our citizens reliant on Medicaid services. Doing so will likely *decrease* reliance on health services in the long term for many of these individuals. As such, it makes sense from not only an ethical perspective, but also an economic one.

I would urge you to consider the following study, published in 2016 in the Journal of General Internal Medicine, which analyzed the societal implications of health insurance coverage for medically necessary services within the transgender community, specifically looking at cost-effectiveness:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4803686/>

In summary, it was determined that any additional expenses “hold good value for reducing the risk of negative endpoints – HIV, depression, suicidality, and drug abuse.”

*Please do what you can to support us.
I strongly urge you to support SB 682.*

Thank you for your consideration,

Jessica Denkevitz, Esq.
8101 McDonogh Rd.
Pikesville Md. 21208

Testimony in Support of SB 682 Jill Crank CRNP.pdf

Uploaded by: Jill Crank

Position: FAV

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

Jill Crank, CRNP, MSN/MPH
Baltimore (MD Legislative District 43)
Johns Hopkins Community Physicians

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

I am a nurse practitioner in Baltimore City providing gender affirming medical care to hundreds of gender diverse patients. I meet them in the beginning of their journey as they come to realize that their gender does not align with their sex at birth. I use DSM-V criteria to determine if they have gender dysphoria, and follow internationally supported guidelines to offer medical treatment including gender affirming hormones. Hormone therapy is a very effective way to treat gender dysphoria, but it is only one part of the full scope of treatment. I believe that SB 682 is important because the medically necessary treatment my patients deserve includes multiple services and/or procedures such as: gender affirming surgeries (including facial feminization), hair removal/hair transplants, speech therapy/vocal surgery, body contouring and fertility preservation. The current regulations under Medicaid do not allow for patients to access all of these vital services. My patients' personal transition and integration into society is often stalled when they discover their insurance will not assist them in realizing their true gender identity.

Some examples of how my patients are affected:

- They are unable to afford oocyte or sperm preservation before starting hormone therapy (which is ideal as there may be negative effects of hormones on fertility potential), so they either delay treatment or defer fertility preservation altogether. This can contribute to anxiety and depression exacerbation and loss of the opportunity to create a family with their own DNA.
- They are unable to pursue genital hair removal due to cost; this may preclude access to gender affirming surgeries like vaginoplasty, which is a very common surgical goal (some surgeons require hair removal beforehand).
- They are unable to pursue facial feminization surgery (FFS) which would help create a more feminine appearance. FFS is extremely important as it assists the public to recognize their feminine gender identity in a visual manner which can prevent discrimination and violence.

Passing this bill would send a clear message to my patients that they matter, regardless of their gender identity. It would tell them that their legislators believe they deserve the right to access all available medical procedures and services to treat their gender dysphoria and live a full life. As their health care provider, I, too, would profoundly appreciate the breadth of opportunities this bill would give my patients.

I strongly urge you to support SB 682 – my patients are counting on it!

Thank you for your consideration,

Jill Crank, CRNP, MSN/MPH
2700 Remington Avenue #2000
Baltimore, MD 21211

Health Care for the Homeless - SB 682 FAV - Trans

Uploaded by: Joanna Diamond

Position: FAV

HEALTH CARE FOR THE HOMELESS 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



Health Care for the Homeless strongly support SB 682, which would expand Medicaid coverage of lifesaving gender-affirming care. Instead of protecting the wellbeing of low-income Marylanders, our Medicaid program categorically denies dozens of gender-affirming services. SB 682 ensures that, among other things, Medicaid will provide medically necessary care based on up-to-date standards, prevents state officials from interfering with the patient-physician, and reduces sex-based discrimination by providing healthcare based on clinical need.

As a federal qualified health center, we seen firsthand that denial of gender-affirming care negatively impacts mental health and wellbeing¹ of our clients significantly. For Health Care for the Homeless, access to this medically necessary and life-saving care is an issue of fundamental human rights and must be made accessible for low-income Marylanders on Medicaid.²

Gender-affirming care is a matter of life and death

Without adequate medical care, trans Marylanders are exposed to job and housing discrimination, harassment and violence. Transgender and gender nonconforming persons face a tremendous amount of economic, social, and health vulnerabilities due to persistent stigma and discrimination.³ As the trans community is historically underserved population, they face significant disparities in physical and behavioral health issues and barriers to care.

It is estimated that 20% of transgender individuals do not have secure housing and are inextricably linked to increased rates of poor health outcomes, including depression, anxiety, substance use, suicidality, and HIV.⁴ For example, in the National Transgender Discrimination Survey, HIV rates of trans persons with a history of homelessness was 7.12%, compared to 1.97% of those who did not; and suicide and substance use rates were almost double compared to their housed trans counterparts.⁵ **Make no mistake, for our clients, receiving gender-affirming care is a matter of life and death.**

¹ Multiple major medical associations support comprehensive care for the trans community including the American Medical Association, the American Psychiatric Association, and American Academy of Pediatrics.

² <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>

³ See <https://www.psychiatry.org/File Library/About-APA/Organization-Documents-Policies/Policies/Position-2018- Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf>

⁴ https://nhchc.org/wp-content/uploads/2019/08/Increasing-access-and-quality-of-care-for-TGNC_FINAL090816.pdf.

⁵ Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. Injustice at every turn: a report of the National Transgender Discrimination Survey. Washington: National Center for the Transgender Equality and National Gay and Lesbian Task Force. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf. Published 2011. Accessed July 12, 2016.

Within a system designed for cisgender individuals, high levels of individual and systematic oppression are at the root of many of these barriers. Individuals and systems often overlook, deny, and challenge experiences of trans persons and trans people are routinely discriminated against in areas such as employment, education, and health care. Research has also consistently shown that service access barriers contribute to these health disparities and to housing instability. Specifically, those barriers can range from reticence to disclose gender identity out of fear of rejection and compromising safety and mistrust of providers to lack of provider gender-affirming care knowledge and, notably, lack of insurance coverage and the high cost of primary and transition-related health services.

For these reasons, Marylanders pay for rising costs of discrimination through emergency room visits, hospitalization, mental health care, homelessness, joblessness and violence against the trans community.

Access to gender-affirming care is basic health care

As a primary care provider, we recognize that access to gender-affirming care is essential and basic health care for our clients. These services are especially important for trans individuals persons without homes as they may face additional challenges in their day to day life that may cause or exacerbate poor health conditions. This is the reason why at Health Care for the Homeless we strive to make a warm, welcoming and safe space for all members of the LGBTQ+ community and offer whole-person, trauma-informed health care. As a primary care provider, we provide hormone therapy, HIV/Hep C testing and counseling, and queer and LGBTQ+ affirming therapy.⁶ And, importantly, in order for our trans clients to receive comprehensive care, we must be able to refer and they must be able to receive the full range of gender-affirming care. Unfortunately, Maryland is using 20-year-old guidelines for the needs of Maryland's trans community. In order for us to provide our clients with the best care possible, Medicaid's guidelines and coverage must be updated.

Client Stories from Health Care for the Homeless

Dr. Jamie Spitzer, Psychiatrist

As a psychiatrist I have seen firsthand the sometimes fatal repercussions when patients receive care that denies their gender identity.

I came to know Ms. S who was labeled "difficult" in the ER, because she advocated to be identified by her name and spoken to with the appropriate pronouns. She wanted the people responsible for her health to recognize the most fundamental aspects of her identity. She was in and out of the ER every few days either for medical complication or a nearly fatal suicide attempt. I once tried to count the number of ER visits in a 6-month time period, but I stopped at "more than 50." What was most harrowing looking at her medical course was not only that she could die from treatable medical conditions due mostly to a lack of engagement or respect, but that if she did not she would likely die from suicide. One day, I realized I hadn't seen her for a bit. While I would like to believe this was because of the care she received, I am fairly certain it is because of the care she did not receive.

Unfortunately, Ms. S story stands out because of the many failed opportunities to provide her the care she deserved. Gender nonbinary and transgender individuals experience more discrimination, victimization, poor mental health outcomes, and suicidality or self-harm than do cisgender men and women. Ms S story demonstrates how poor access to medical resources and systemic discrimination play a large role in this inequity.

⁶ We also know that health requires more than health care. That's why we offer these supportive services to LGBTQ+ community members: Support with name changes, letters for gender affirming surgeries. We can also help with getting ID, benefits and income assistance, a variety of support groups, securing housing and more.

Tyler Cornell, Lead Medical Provider

Unfortunately, trans people are at a significantly higher risk of violence in the community and human nature is often to make a quick judgment about people based on their external presentation. When someone has external features that don't fit within a societal norm, they stand out and people take notice.

One of my patients is a transgender male who is experiencing homelessness who has short hair, a beard, dresses in traditional male clothing, has changed his name, attends all of his medical appointments, and has been taking hormones for years to support his transition, but because of genetics, has a significant amount of breast tissue. He struggles to determine, multiple times a day, which public restroom to use, because he knows that on any day he could be the victim of violence in a male restroom because with one glance, someone could determine that he "doesn't belong."

Medically assisting patients with transition is to determine the appropriate and necessary interventions at each phase of their transition. When patients are denied access to insurance coverage for medically-approved treatment options, their physical and emotional health is at risk.

Client story of Von Cash

Von Cash has a movie reference for every occasion, wise words from his discipleship program and a homemade remedy for everything. He's never been happier. But, he had to wait 48 years to get there.

"When I was little, I asked my mom why I didn't look like my brother. She told me, 'you are a girl,' says Von. "I never saw that pretty girl, but there was always someone to shut me down."

Like many members of the transgender and gender non-conforming (TGNC) community, this reinforced shame kept Von from living fully as himself up until two years ago.

"In this country, we are raised to hate ourselves already, especially Black people. The system wants to keep us low so it can use us and I'm starting to understand that more. It never occurred to me not to be afraid until now," he says.

Seven years after first walking through our doors for insurance, medication and therapy, Von told his therapist that he wanted to start his medical transition from female to male. He connected with Lead Medical Provider Tyler Cornell, CRNP and started hormone replacement therapy (HRT) six months later.

"Providing HRT shouldn't be the gold standard of care, it should just be the standard," says Tyler. However, this is hardly the case. In Tyler's experience, gender-affirming care is learned on the job and taught by clients, instead of in standard medical training.

Shelters that welcome TGNC people are also far from the standard. Von has lived in a women's housing program for five years. Now that he is more open about his identity, he's unsure if his housing is secure and what alternatives he may have. TGNC youth who still rely on parents/caregivers for support can be at even higher risk of experiencing homelessness because families often reject or abuse them. And there aren't many places for them to turn.

Baltimore Safe Haven, an organization founded and run by Black trans women, is the only program in our city that offers shelter specifically for TGNC people. Most shelters do not acknowledge or respect the rights of TGNC people and are incredibly unsafe for them. This means they often sleep on the streets and are very likely to be targets of violence (see statistics).

Gender-affirming care is basic and essential health care. As such, it should be a full Medicaid benefit. We stand in strong support of SB 682 and we urge a favorable report on the bill.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

Hebb estimony in Support of SB 682.pdf

Uploaded by: John Hebb

Position: FAV

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

Dr. John Hopewell Hebb
Hampstead, MD

Chair Kelley and Members of the Committee,

My name is Dr. John Hebb. I graduated from University of Maryland School of law in 2013 with a degree in healthcare law and policy. I also graduated from Georgetown Medical school in 2021. In my career, I have advocated for various queer health policy issues. However, this bill is one of the more important endeavors I have supported.

SB 682 is important because transgender people deserve access to healthcare. Maryland is denying medical necessary care to trans people. Without adequate medical care, trans Marylanders are exposed to job and housing discrimination, harassment, and violence. This problem is unacceptable and preventable.

I, personally, have witnessed first-hand this discrimination. I am currently a first-year surgical resident at Franklin Square Hospital in Baltimore. We assist in Vaginoplasty procedures. Some of our trans patients get denied by healthcare insurance and must pay out of pocket, sadly. However, those that can pay for the procedure have vast improvement in their lives. The number one medical procedure that improves quality of life is gender affirmation services.

Thank you for the chance to testify in support of Senate Bill 682. For the above-mentioned reasons, I strongly urge you to support SB 682.

Thank you for your consideration,

John Hopewell Hebb III

Dr. John Hopewell Hebb, III

Trans Healthy Equity Act Testimony- Jordan Stewart

Uploaded by: Jordan Stewart

Position: FAV

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

Jordan Stewart
Towson District

Chair Kelley and Members of the Committee,

I appreciate the opportunity to submit my written testimony in support of Senate Bill 682. This bill matters because it is extremely vital to so many transgender people on Medicaid within Maryland who desperately need these necessary services, myself included. As someone who has been denied a gender affirming surgery because it was deemed “medically unnecessary,” I want to spread word of how great an impact allowing more access to care for transgender folks on an individual basis would be. Like many Marylanders, I presently rely on Medicaid as my primary form of healthcare. Especially during the pandemic, it has been crucial in helping me maintain the services I use to progress in my medical transition. Before I was able to access this care, I suffered chronic depression, which actually began in childhood. I’ve always had horrible body dysmorphia, and much of that ties into being transgender- my body doesn’t look the way it does in my head in reality, which I’m sure you can understand has caused me a great deal of distress. Even with therapy services and support from my friends, I kept falling back into the same patterns and behaviors. I was only really able to see progress in my mental health after I began the process of transitioning, both socially and medically. Having top surgery this past November has allowed me to feel some relief from my constant dysphoria, but I’m still not able to really feel like this is the body I should’ve always had- there’s still a disconnect. I’d also like to have body masculinization surgery, a surgery that would work to masculinize parts of my body that give me dysphoria, such as my hips, thighs, etc. This is a service I was denied because it was deemed “medically unnecessary.” What I found to be most confusing about my denial is the reasoning behind it- my top surgery (medically termed “double incision mastectomy”) was approved because it was a procedure to assist in aligning my appearance with my gender, however body masculinization would also be doing more of the same. I understand that Medicaid denies many services on this same basis but that denial is primarily based on blanket rules which can’t be applied to every transgender person seeking care. This is another reason why I think SB 682 matters, blanket rules don’t allow any space for individual needs and

therefore can't possibly represent the standard of care given. What may not be medically necessary for some may in fact be life-saving for others and I believe it is important to remember that. Please consider what I've written here, and I strongly urge you to offer your support alongside myself and many others vouching for this bill. This could bring so many people who have suffered for so long under the crushing weight of dysphoria to stringent policies and continuous stonewalls to care some well-deserved joy and relief. For myself, I may even be able to have my body masculinization procedure covered and finally feel aligned with my body. The passing of this bill would at least give me hope that this might happen for me in the near future. Though I'm just one person with one testimony, I promise you there are so many more folks like myself in Maryland who are desperately fighting for some relief too. I've seen too many circumstances where barriers become so great that they're just ready to give up. I'm going to keep pushing for change not only for myself, but for them too, because some of us are so weak and tired of fighting daily for our right to care that we don't have much more energy to spend on anything. I implore you to join our fight for equality because even if it doesn't feel like it, people's lives are at stake. This is one step we can take to improve the quality of life of trans folks on Maryland Medicaid, and we should take it.

Thank you again for taking a moment to hear my story,

Jordan Stewart
720 Camberley Circle
Apt 4C
Towson, MD 21204

SB682_MD Center on Economic Policy_FAV.pdf

Uploaded by: Kali Schumitz

Position: FAV

FEBRUARY 22, 2022

Gender-Affirming Treatment is Essential Health Care

Position Statement Supporting Senate Bill 682

Given before the Senate Finance Committee

Every Marylander deserves to get the essential health care they need not just to survive, but to thrive. For transgender Marylanders, that essential health care includes gender-affirming treatments. **The Maryland Center on Economic Policy supports Senate Bill 682 because it will ensure low-income Marylanders enrolled in Medicaid can access the same types of gender-affirming treatment as those with private insurance.**

Maryland's Medicaid program currently uses outdated standards, developed 20 years ago, to govern decisions about the types of care available to low-income transgender people who rely on Medicaid to pay for their health care. SB 682 would enact updated standards that would allow more types of gender-affirming treatment to be covered through Medicaid. At least 10 other states, including Virginia and Washington, D.C., already provide more robust care, and the services included in SB 682 are all eligible for federal reimbursement. Given the small number of transgender Marylanders enrolled in Medicaid, any impact on the state's share of Medicaid costs would be very minimal.

Ensuring more people can access gender-affirming care supports improved mental health and could reduce instances of workplace and housing discrimination that transgender people too often face. Because of chronic stress linked to discrimination, people who are transgender are up to three times more likely than the general population to have a mental health or substance use disorderⁱ. That's why major medical associations including the American Medical Association, American Psychiatric Association, and American Academy of Pediatrics all consider comprehensive treatment for transgender people to be essential.

The 2015 U.S. Transgender Survey showed that transgender Marylanders face much higher levels of poverty and economic instability than others in the stateⁱⁱ:

- 9% of respondents were unemployed at the time of the survey, about double the statewide average at that time, and more than 1 in 5 reported incomes below the federal poverty level.
- 1 in 4 respondents reported experiencing various types of employment discrimination because of their gender identity or expression, such as being fired, not being hired, or being denied a promotion.
- Nearly 1 in 4 respondents also reported experiencing housing discrimination in the past year, such as being evicted or being denied a home or apartment, because of their gender identity or expression. 28% reported experiencing homelessness at some point in their lives.

Ensuring people can afford and receive needed health care would be a significant step toward greater health and economic security for transgender Marylanders. **For these reasons, the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 682.**

Equity Impact Analysis: Senate Bill 682

Bill Summary

SB 682 would require the Maryland Medical Assistance Program to cover gender-affirming treatment for transgender Marylanders. It would also prohibit the program from denying benefits unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the determination.

Background

Maryland's Medicaid program currently uses outdated standards, developed 20 years ago, to govern decisions about the types of care available to low-income transgender people who rely on Medicaid to pay for their health care. Private insurers are generally prohibited from denying coverage for gender-affirming treatment. SB 682 would enact updated standards that would allow more types of gender-affirming treatment to be covered through Medicaid. At least 10 other states, including Virginia and Washington, D.C., already provide more robust care, and the services included in SB 682 are all eligible for federal reimbursement.

Equity Implications

The 2015 U.S. Transgender Survey showed that transgender Marylanders face much higher levels of poverty and economic instability than others in the state:

- 9% of respondents were unemployed at the time of the survey, about double the statewide average at that time, and more than 1 in 5 reported incomes below the federal poverty level.
- 1 in 4 respondents reported experiencing various types of employment discrimination because of their gender identity or expression, such as being fired, not being hired, or being denied a promotion.
- Nearly 1 in 4 respondents also reported experiencing housing discrimination in the past year, such as being evicted or being denied a home or apartment, because of their gender identity or expression. 28% reported experiencing homelessness at some point in their lives.

Further, transgender people of color face even more pervasive challenges due to the combined impact of anti-transgender bias and racism. One national survey found thatⁱⁱⁱ:

- Black transgender people had an extremely high unemployment rate at 26 percent, two times the rate of the overall transgender sample and four times the rate of the general population.
- 41 percent of Black respondents said they had experienced homelessness at some point in their lives, more than five times the rate of the general U.S. population.
- Black transgender people lived in extreme poverty with 34 percent reporting a household income of less than \$10,000 per year. This is more than twice the rate for transgender people of all races (15 percent), four times the general Black population rate (9 percent), and eight times the general U.S. population rate (4 percent).

Impact

Senate Bill 682 will likely **improve racial, gender, and economic equity** in Maryland.

ⁱ Letter from American Medical Association CEO James Madara to the National Governor’s Association, April 21, 2021. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>

ⁱⁱ National Center for Transgender Equality, 2015 U.S. Transgender Survey: Maryland State Report. <https://transequality.org/sites/default/files/USTS%20MD%20State%20Report.pdf>

ⁱⁱⁱ “New Analysis Shows Startling Levels of Discrimination Against Black Transgender People,” National LGBTQ Task Force. <https://www.thetaskforce.org/new-analysis-shows-startling-levels-of-discrimination-against-black-transgender-people/>

TransHealthEquityTestimonial_Redwine.pdf

Uploaded by: Keith Redwine

Position: FAV

To whom it may concern,

Maryland Medicaid is using a two decades-old list of procedures to deny trans care. This is out of line with best practices recognized nationally and globally, and is discriminatory towards an already vulnerable population. Maryland is behind the times with our outdated policies, and lags behind many other states which are better serving trans people. The lack of adequate trans healthcare in Maryland is costing the state in lots of ways - ER visits and hospitalizations, homelessness and joblessness, and violence against the trans community. It is time to fix this! Expanding Maryland's coverage of trans care supports self determination, bodily autonomy, and the health and wellness of low income Marylanders.

I fully support the expansion of Medicaid to support trans health care, and I hope MD does too by passing the Trans Health Equity Act (SB682/HB746).

Sincerely,

Keith Redwine
1226 S Charles St.
Baltimore, MD 21230

SB_682_Favorable_BAKER.pdf

Uploaded by: Kellan Baker

Position: FAV

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

Kellan E. Baker, PhD, MPH, MA
Executive Director, Whitman-Walker Institute

Dear Chair Kelley and Members of the Committee:

Thank you for the opportunity to testify in support of Senate Bill 682.

I am the Executive Director of Whitman-Walker Institute, which is the research, policy, and education arm of Whitman-Walker, a Federally Qualified Community Health Center based in Washington, DC. We serve 20,000 patients per year from across the Washington metropolitan area, of whom almost 20% come from Maryland.

I am a health services researcher trained at the Johns Hopkins School of Public Health in Baltimore, where I received my PhD from the Department of Health Policy and Management. My research focuses on transgender population health, with a particular emphasis on the economic and legal elements of coverage for gender-affirming care. For the last decade, I have worked with Medicaid programs in more than a dozen states, including Maryland, to ensure that transgender people can access the gender-affirming services that are medically necessary for their health and well-being.

Parity in coverage of medically necessary treatments prescribed by clinicians for different indications, following expert standards of care, is a well-established principle in the Medicaid program.¹ Gender-affirming care is routinely provided by clinicians and covered by insurers for a variety of indications, which may be met by transgender and cisgender people alike: medically necessary reconstructive breast and chest surgeries, for instance, are performed for cisgender and transgender people of all genders.² Abdominoplasty is a common intervention for people who have had bariatric surgery,³ while puberty delay medications were first prescribed to treat precocious puberty in non-transgender children.⁴ The provision of gender-affirming clinical services to transgender people is guided by the expert standards laid out by the World Professional Association for Transgender Health, which has maintained these standards continuously since 1979.⁵

¹ § 440.230(c) of the Federal Medicaid statute provides that “the Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service under §§ 440.210 and 440.220 to an otherwise eligible beneficiary solely because of the diagnosis, type of illness, or condition.”

² American Society of Plastic Surgeons. (2020). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Breast Reconstruction for Deformities Unrelated to Cancer Treatment. <https://www.plasticsurgery.org/Documents/Health-Policy/Reimbursement/insurance-2018-breast-reconstruction-deformities.pdf>

³ Ngaage, L. M., Elegbede, A., Pace, L., Rosen, C., Tannouri, S., Rada, E. M., Kligman, M. D., & Rasko, Y. M. (2020). Review of Insurance Coverage for Abdominal Contouring Procedures in the Postbariatric Population. *Plastic and Reconstructive Surgery*, 145(2), 545–554. <https://doi.org/10.1097/PRS.00000000000006513>

⁴ T’Sjoen, G., Arcelus, J., Gooren, L., Klink, D. T., & Tangpricha, V. (2019). Endocrinology of Transgender Medicine. *Endocrine Reviews*, 40(1), 97–117. <https://doi.org/10.1210/er.2018-00011>

⁵ Coleman, E., Bockting, W., Botzer, M., et al. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13(4), 165–232. <https://doi.org/10.1080/15532739.2011.700873>

Evidence indicates that insurance coverage of gender-affirming care for transgender people is low-cost and highly cost-effective. A California Department of Insurance assessment of a state law that broadly prohibited insurance discrimination against transgender beneficiaries, for instance, found that impacts on premium costs were “immaterial” and that “the benefits of eliminating discrimination far exceed the insignificant costs.”⁶ An economic model evaluating the cost-effectiveness of care for transgender men that included hormone replacement therapy, mastectomy, abdominoplasty, hysterectomy, genital reconstruction, and other services determined the incremental cost-effectiveness ratio (ICER) of these services to be less than \$8,000 per quality-adjusted life year (QALY) gained over a ten-year time horizon.⁷ This is far below a typical “willingness to pay” threshold of \$100,000 per QALY.⁸ This study also found that, on a per member per month (PMPM) basis, coverage of surgical and other services for transgender men and women together cost just \$0.016. My own recent research indicates that each covered transgender person in a national commercial insurance database incurred an average of less than \$1,800 in costs per year for gender-affirming hormone therapy (including puberty delay medications) and surgeries (including facial feminization surgeries) combined (Baker, unpublished data). Considered on a PMPM basis, the budget impact of covering gender-affirming care was \$0.73 per year, or \$0.06 PMPM. Similarly, an actuarial assessment conducted for the North Carolina State Health Plan estimated a PMPM cost range of \$0.06-\$0.15.⁹

As evidence has mounted that eliminating discrimination against transgender people in insurance coverage has both moral and economic advantages, many Medicaid programs have taken steps to fulfill their historical imperative to cover medically necessary care without diagnosis- or condition-based restrictions.¹⁰ Maryland became one of the early leaders in this area by removing its blanket exclusion of gender-affirming care in 2015. In the last several years, however, as the field of transgender medicine has continued to advance, it has become apparent that further clarification is needed of the appropriate scope of coverage for gender-affirming care.¹¹

In Washington State, for instance, legislators enacted reforms to the state’s Medicaid program in 2021 to clarify coverage of a broad range of “surgical and ancillary services,” as well as puberty-delay medications, for transgender people.¹² The legislation indicates that the list of covered services is not exhaustive and requires that a “health care provider with experience prescribing and/or delivering gender-affirming treatment must review and confirm the appropriateness of any adverse benefit

⁶ State of California Department of Insurance. (2012). Economic Impact Assessment: Gender Nondiscrimination in Health Insurance. <http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf>

⁷ Padula, W. V., Heru, S., & Campbell, J. D. (2016). Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. *Journal of General Internal Medicine*, 31(4), 394–401. <https://doi.org/10.1007/s11606-015-3529-6>

⁸ Cameron, D., Ubels, J., & Norström, F. (2018). On what basis are medical cost-effectiveness thresholds set? Clashing opinions and an absence of data: a systematic review. *Global health action*, 11(1), 1447828. <https://doi.org/10.1080/16549716.2018.1447828>

⁹ Schatten, K. R., & Viera, K. C. (2016). Memorandum to Mona Moon, Administrator, North Carolina State Health Plan, re: Transgender Cost Estimate. <https://www.shpnc.org/media/22/download>

¹⁰ Baker, K. E. (2017). The Future of Transgender Coverage. *New England Journal of Medicine*, 376(19), 1801–1804. <https://doi.org/10.1056/NEJMp1702427>

¹¹ Zaliznyak, M., Jung, E. E., Bresee, C., & Garcia, M. M. (2021). Which U.S. States’ Medicaid Programs Provide Coverage for Gender-Affirming Hormone Therapy and Gender-Affirming Genital Surgery for Transgender Patients?: A State-by-State Review, and a Study Detailing the Patient Experience to Confirm Coverage of Services. *The Journal of Sexual Medicine*, 18(2), 410–422. <https://doi.org/10.1016/j.jsxm.2020.11.016>

¹² Washington State Legislature. SB 5313 (2021-2022). <https://app.leg.wa.gov/billsummary?BillNumber=5313&Initiative=false&Year=2021>

determination.”¹³ The law also directs the insurance commissioner, in consultation with the Medicaid agency, to issue a report on geographic access to gender-affirming treatment across the state and estimates a minimal annual burden of time and cost to produce this report. This report, like that envisioned by SB 682, is essential given the difficulty transgender people often face in accessing providers willing and able to serve them.¹⁴

Colorado recently took a similar step through its Essential Health Benefit (EHB) program.¹⁵ With approval from the Federal Centers for Medicare & Medicaid Services, EHB plans in the state are now required to cover the following procedures, at a minimum, for transgender people:¹⁶

1. Blepharoplasty (eye and lid modification)
2. Face/forehead and/or neck tightening
3. Facial bone remodeling for facial feminization
4. Genioplasty (chin width reduction)
5. Rhytidectomy (cheek, chin, and neck)
6. Cheek, chin, and nose implants
7. Lip lift/augmentation
8. Mandibular angle augmentation/creation/reduction (jaw)
9. Orbital recontouring
10. Rhinoplasty (nose reshaping)
11. Laser or electrolysis hair removal
12. Breast/Chest Augmentation, Reconstruction

An actuarial analysis commissioned by the state to assess the cost of these procedures estimated that their long-term steady state cost will be 0.04% of total allowed claims.¹⁷

Maryland has previously been a nationwide leader in helping to ensure that transgender people can access the health care they need. Maryland’s commitment to the health and wellbeing of its Medicaid population is particularly laudable, given that gender-affirming care is not expensive when considered from a payer or societal perspective but can easily be beyond the individual reach of transgender people who rely on Medicaid. Such communal assistance to individuals in need reflects the fundamental social compact of the Medicaid program, and clarifying that Medicaid supports transgender Marylanders in seeking essential health care services is both a moral and economic imperative. I strongly urge you to support SB 682.

¹³ Washington State Healthcare Authority. (2022). Transhealth Program. <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/transhealth-program>

¹⁴ Terris-Feldman, A., Chen, A., Poudrier, G., & Garcia, M. (2020). How Accessible Is Genital Gender-Affirming Surgery for Transgender Patients With Commercial and Public Health Insurance in the United States? Results of a Patient-Modeled Search for Services and a Survey of Providers. *Sexual medicine*, 8(4), 664–672. <https://doi.org/10.1016/j.esxm.2020.08.005>

¹⁵ Keith, K. (2021). Unpacking Colorado’s New Guidance on Transgender Health. <https://www.commonwealthfund.org/blog/2021/unpacking-colorados-new-guidance-transgender-health>

¹⁶ Colorado Benchmark Plan for 2023: https://drive.google.com/file/d/1IFH38vhQyJNyn_cE5upNQ_jfTw8HoSQG/view?usp=sharing

¹⁷ Wakely Consulting Group, LLC. (2021). Benchmark Plan Benefit Valuation Report: Report to the State of Colorado Division of Insurance. <https://drive.google.com/file/d/1rTeY63imbtmFIzFHerSeyfHKE6hZSN8/view?usp=sharing>

Thank you for your time and consideration.

Sincerely Yours,

Kellan E. Baker, PhD, MPH, MA
Executive Director, Whitman-Walker Institute
1377 R St. NW, Washington, DC 20009
kbaker@whitman-walker.org | (202) 797-4417

Support SB 0682 - Trans Maryland .pdf

Uploaded by: Lee Blinder

Position: FAV



Senate Bill #0683 Maryland Medical Assistance Program - Gender affirming Treatment
"Trans Health Equity Act of 2022"
Senate Finance Committee
February 22, 2022
Position: Support

Trans Maryland is a multi-racial, multi-gender community power building organization for Maryland's trans community. Trans Maryland runs the state's largest volume name and gender marker change program, offering peer-to-peer guidance and financial assistance to Marylanders seeking a name and gender marker change. We also run the state's largest peer to peer connection space for Trans Marylanders. Through this work we have talked to thousands of transgender Marylanders about the barriers we face in accessing affirming medical care. The Trans Health Equity Act of 2022 emerged from those conversations which highlighted to us that Maryland's current policy for transgender care is based on standards that are over 20 years out of date.

Many trans Marylanders experience gender euphoria as a result of accessing gender affirming care. We also witness the many barriers to that care, such as the 31 categorical exemptions listed in the [Maryland Medicaid Gender Transition: Covered Service, Covered Criteria, Limitations and Exclusions bulletin from March 10, 2016](#). That bulletin is based on standards of care that were out of date at the time of issuance. Modernizing this care for Maryland's trans community is of the utmost importance. The gap between services accessible via Maryland Health Connection's paid plans, and the care available to transgender Marylanders on Medicaid is widening rapidly. Marylanders with paid plans through the Maryland Health Connection are able to access one standard of gender transition care through full coverage by insurance, while low-income trans Marylanders on Medicaid are completely excluded from the exact same care. The vulnerability of this community means this gap in services easily leads to a wave of other health disparities based on the social determinants of health for trans Marylanders.

The number of trans Marylanders on Medicaid is small, approximately 2000 people, and as gender transition is unique to each individual, we know that not every trans person on Maryland Medicaid will access these services, or even any services. The small size of the community, and the urgency of the need to access gender affirming care means this is an easy gap to close. Lack of access to gender affirming care can be dangerous, imperil access to housing, employment, education, and social spaces. While fiscal notes do not take into account these waves of additional impacts to both trans people and the state due to increased costs, those connections are unavoidable when looking at the overall well-being of Maryland's trans community. When we consider the financial realities of low-income trans Marylanders, being exempted from care that is accessible to those who have paid plans means a two-tier system is in play. The cost to the individual to be denied medical care that is covered and found to be medically necessary under paid plans through the Maryland Health Connection should be enough to change this policy, but do note that these procedures are also federally reimbursable.

Modernizing gender transition care through Maryland Medicaid is an easy fix, passing the Trans Health Equity Act of 2022 is a financially sound decision, a moral and ethical imperative, and brings Maryland in line with the many other states who are leading in their coverage of this care. For these reasons, **we urge a favorable report on this Bill # SB 0682.**

MKB Letter of Support for SB 682 Trans Health Equi

Uploaded by: M Kathryn Buchanan

Position: FAV

SUPPORT SB 682

Senate Finance Committee

February 22, 2022

Testimony of M. Kathryn Buchanan, MD, FACOG, NCMP

Medical Director, Women's Health Center

Clerkship Director, OB/GYN Longitudinal Integrated Curriculum

Assistant Director, Family medicine Resident Obstetrics Education

Assistant Professor of Clinical Obstetrics and Gynecology

Georgetown University School of Medicine

MedStar Franklin Square Medical Center

Baltimore, MD, 21237

Dear Chair and Members of the Committee,

As an OB/GYN physician who cares for transgender patients in Baltimore County, I appreciate the opportunity to testify in support of Senate Bill 682.

The Gender-Affirming Treatment/Trans Health Equity Act of 2022 is vital to improve the health and safety of the small group of transgendered Marylanders who are enrolled in Medicaid. Transgender individuals experience disparities in healthcare access at an alarming rate, with 1 in 3 respondents to the US Transgender Survey reporting a negative experience in a healthcare setting and more than half reporting financial barriers to necessary, medically indicated and evidence-based care.

Transgender patients already face a lack of awareness and sensitivity from many healthcare professionals. Without the coverage this bill will provide, they are not able to access standard of care services that result in gender affirmation and decreased discrimination. The systemic discrimination often leads to underuse of healthcare and poor health outcomes which are costly to the system.

This bill will improve my ability to connect patients with medically necessary care based on up-to-date standards in line with other state and private insurance providers. As a Gynecologic Surgeon, I have witnessed firsthand how gender-affirming care drastically improves patients' mental health and well-being, reduces long-term physical and mental health complications of untreated or undertreated gender dysphoria, and improves appropriate use of preventive healthcare.

Senate Bill 682 will align our state with the many other states and private insurers who are already providing this coverage as recommended by the American College of Obstetrics and Gynecology, the American Psychiatric Association and countless other professional healthcare organizations. This bill will align available coverage with the widely accepted and evidence-based standards of care for transgendered patients who also experience gender dysphoria. These often-simple services, such as speech language therapy, are often the key to decreasing

the discrimination these patients experience in other spheres of their lives, such as housing or employment discrimination. By providing this critical access, that brings Maryland in line with current standards of care, we will improve the overall health and well-being of this small group of Marylanders.

I am in support of SB 682 to make medically necessary and life-saving care accessible for low-income Marylanders in Medicaid, just as it is under many private insurance plans.

Thank you for your attention,

M. Kathryn Buchanan, MD, FACOG, NCMP
The Women's Health Center
MedStar Franklin Square Hospital
9000 Franklin Square Dr.
Baltimore, MD 21237

SB0682 Gender Affirming Treatment_Trans Health Equ

Uploaded by: Margo Quinlan

Position: FAV

**Senate Bill 682 Maryland Medical Assistance Program - Gender-Affirming Treatment
(Trans Health Equity Act of 2022)**

Senate Finance Committee

February 22, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. MHAMD appreciates this opportunity to present testimony in support of Senate Bill 682.

SB 682 seeks to modernize the existing Maryland Department of Health policy on gender affirming careⁱ by ensuring coverage is provided for all medically necessary gender-affirming care, using nondiscriminatory and current standards, and as “prescribed by a licensed health care provider for the treatment of a condition related to the individual’s gender identity.”ⁱⁱ The current policy was drafted using decades-old clinical standards,ⁱⁱⁱ and this bill would simply bring Maryland’s Medicaid program in line with the current clinical best practices. SB 682 recognizes the life-saving nature and medical necessity of gender affirming care for transgender (trans), non-binary, Two Spirit, intersex, and other gender diverse Marylanders.

Numerous studies indicate that transgender individuals are at particular risk of psychological distress and associated impairment, primarily from elevated exposure to stigma-related minority stress^{iv} and from the stress associated with a lack of gender affirmation^v (the accurate recognition and validation of one’s gender identity). Minority stress is unique, socially based, and chronic, and may make trans and non-binary people more vulnerable to development of behavioral health concerns such as anxiety, depression, or substance use.^{vi}

Due to this, many trans and non-binary people experience their transition related care at a unique intersection of somatic and mental healthcare needs. Access to gender affirming care has been shown to increase mental wellbeing and has been associated with a decrease in mental health treatment over time.^{vii} It can lead to increased congruence with gender validation and reduction in the minority stress caused by discrimination and harassment. The World Professional Association for Transgender Health recommends consideration of transition related care for alleviating this significant gender-related stress.^{viii}

Additionally, the vast majority of LGBTQ students (86.3%) report experiencing harassment or assault based on personal characteristics including sexual orientation and gender expression. LGBTQ students who reported more severe victimization regarding their sexual orientation or

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

gender expression report lower levels of self-esteem and higher levels of depression. For transgender youth in particular, over 50% of all transgender and nonbinary youth in the US report seriously considering suicide at some point in their lives.^{ix} On the other hand, youth who had sought out and received hormone therapy were nearly 40% less likely to report recent depression and a past-year suicide attempt than those who wanted hormone treatment but could not receive it. Access to this care is a critical component to reducing the minority stress faced by this population, and there are disproportionately lower rates of access to hormone therapy for young people of color — especially Black youth — compared to white youth.^x

Without adequate medical care, transgender Marylanders are exposed to job and housing discrimination, harassment, and interpersonal violence. The state ultimately pays for the rising costs of this discrimination through emergency room visits, hospitalizations, and over-reliance on mental health care, and is falling behind much of the nation as a result. SB 682 would bring Maryland in line with other states providing more robust care under their state Medicaid plans, including Virginia^{xi}, Alaska^{xii}, Colorado^{xiii}, Oregon^{xiv}, Massachusetts^{xv}, Connecticut^{xvi}, Washington State^{xvii}, California^{xviii}, New York^{xix}, and Washington DC^{xx}.

Maryland's transgender community includes over 22,000 individuals^{xxi} and makes up only 0.5 % of the state's population. An estimated 2,000 transgender Marylanders are enrolled in Medicaid,^{xxii} and not all of them would need to access all, or any, of the gender affirming care allowed under this bill. MHAMD expects this to be a relatively inexpensive change to the state Medicaid plan, yet one that would have tremendous impact in improving the health and mental wellbeing of our transgender communities. This care is life-saving, it is medically necessary, and it must be made accessible to all who need it. **For these reasons, we urge a favorable report on Senate Bill 682.**

ⁱ Maryland Department of Health and Mental Hygiene. (March 10, 2016). *Managed Care Organizations Transmittal No. 110, Re: Gender Transition: Covered Services, Coverage Criteria, Limitations and Exclusions.*

https://health.maryland.gov/mmcp/mcouupdates/documents/pt_37_16.pdf

ⁱⁱ Maryland General Assembly. (Regular Session, 2022). *Senate Bill 682 Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022).*

<https://mqaleg.maryland.gov/mqaweb/site/Legislation/Details/sb0682>

ⁱⁱⁱ The Harry Benjamin International Gender Dysphoria Association. (February, 2001).

Standards Of Care for Gender Identity Disorders, Sixth Version. <https://www.cpath.ca/wp-content/uploads/2009/12/WPATHsocv6.pdf>

^{iv} Reisner SL, Poteat T, Keatley J, et al. (2016). *Global health burden and needs of transgender populations: a review.* Lancet 2016; 388:412–43. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7035595/>

^v Dhejne C, Van Vlerken R, Heylens G, et al. (2016). *Mental health and gender dysphoria: a review of the literature.* International Review of Psychiatry 2016; 28:44–57. <https://pubmed.ncbi.nlm.nih.gov/26835611/>

^{vi} Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.* Washington, DC: The National Academies Press.

<https://www.ncbi.nlm.nih.gov/books/NBK64806/>

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- vii Branstrom, R., Pachankis, J. (October 3, 2019). *Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study*. American Journal of Psychiatry. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080>
- viii World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. 7th Version. https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341
- ix GLSEN (2019). *The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*. <http://glsen.org/research/2019-national-school-climate-survey>
- x Green, A., DeCharnts, J., Price, M., Davis, C. (December 14, 2021). *Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*. [https://www.jahonline.org/article/S1054-139X\(21\)00568-1/fulltext](https://www.jahonline.org/article/S1054-139X(21)00568-1/fulltext)
- xi Virginia Department of Medical Assistance Services. *Gender Dysphoria Clinical Coverage Policy*. <https://www.dmas.virginia.gov/media/3894/dmas-gender-dysphoria-provider-manual-supplement-10-5-2021.pdf>
- xii Alaska State Legislature, Admin Code 105.130. *Services requiring prior authorization*. <http://www.legis.state.ak.us/basis/aac.asp#7.105.130>
- xiii Code of Colorado Regulations, Department of Health Care Policy and Financing. *Medical Assistance - Section 8.700: Federally Qualified Health Centers, Women's Health Services*. <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8091&fileName=10%20CCR%202505-10%208.700>
- xiv Oregon Health Authority, Health Evidence Review Commission. <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>
- xv MassHealth. *Guidelines for Medical Necessity Determination for Gender-Affirming Surgery*. <https://www.mass.gov/doc/gender-affirming-surgery/download>
- xvi Husky Health Connecticut, Provider Policies & Procedures. *Gender Affirmation Surgery*. https://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Gender_Affirmation_Surgery.pdf
- xvii Washington State Legislature, Washington apple health. *Gender affirming interventions for gender dysphoria*. <https://apps.leg.wa.gov/wac/default.aspx?cite=182-531-1675>
- xviii State of California—Health and Human Services Agency
Department of Health Care Services. *Ensuring Access To Medi-Cal Services For Transgender Beneficiaries*. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-013.pdf>
- xix New York State, Codes, Rules and Regulations. *Title: Section 505.2 - Physicians' services*. <https://regs.health.ny.gov/volume-c-title-18/1262489358/section-5052-physicians-services>
- xx Washington DC Department of Health Care Finance. *Non-Discrimination in the District's State Medicaid Program Based on Gender Identity or Expression*. https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/Policy%20%23%20OD-001-17_Gender%20Reassignment%20Surgery.pdf
- xxi Williams Institute (June, 2016). *How Many Adults Identify as Transgender in the United States?* <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>
- xxii Williams Institute (October, 2019). *Medicaid Coverage for Gender-Affirming Care*. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Oct-2019.pdf>

Testimony in Support of SB 682.pdf

Uploaded by: Michele Levy

Position: FAV

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

Michele Levy
Baltimore City/D43

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

More times than I can count, I have had the joy of celebrating and supporting transgender and gender non-conforming members of my community undergoing gender affirming medical treatment. These procedures have not been easy. Recovery is often grueling, challenging, and protracted. But these procedures have, in many instances, quite literally saved their lives.

Maryland has long recognized the insufficiencies in the federal Medicaid program. I am proud to live in a state whose Medicaid expansion has sought to provide critical healthcare to a broader swath of residents. Currently, Maryland is relying on 20-year old guidelines for the needs of Maryland's trans community, which is devastatingly outdated and puts us far beyond states like Virginia, Washington, D.C., and others offering more robust and relevant care.

Approximately 2,000 transgender Marylanders are enrolled in Medicaid. SB682 is a critical and cost-effective measure; services are federally reimbursable, and will only be used by a nominal percentage of Maryland's population. But beyond the financial impact, this bill would provide essential, life-saving care to low-income Marylanders on Medicaid. The ability to live authentically, and to access medically necessary care, should not be limited to those with private insurance.

I strongly urge you to demonstrate your support for healthcare as a basic human right and vote in favor of SB 682.

Thank you for your consideration,

Michele Levy
3140 Remington Ave.
Baltimore, MD 21211

Support SB 682 Milo Reynolds-Dominguez.pdf

Uploaded by: Milo Reynolds-Dominguez

Position: FAV

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

Testimony of Milo Reynolds-Dominguez
Montgomery County, Maryland

Chair Kelley and Members of the Committee,

I am a first-year law student at the University of Maryland; a musician and small-business owner in this state; and my spouse-to-be's family has been living in this state for over 80 years. I am also a transgender Puerto Rican woman. I deeply care about this state and came here to study the law so I could make a difference in my communities. **That is why I urge you to support SB 682.**

This bill is about healthcare equity for a doubly vulnerable population. It would provide up-to-date, medically necessary care to trans Marylanders who cannot afford private insurance—a small population with a great need. The state could champion these people and send a message that **every** citizen has a right to quality healthcare. **This is (or should be) a non-partisan issue.** The bill will also modernize the standards of care Maryland uses to treat trans people; currently, the state's guidelines are 20 years old. **It could join the likes of Virginia, Alaska, Colorado, Oregon, Massachusetts, Connecticut, Washington State, California, New York, and D.C., among others, in doing the right thing and provide support for some of its most vulnerable constituents.**

Other testimony will articulate statistics and fiscal arguments much better than mine; my understanding is that this legislation will help Maryland save on down-stream costs incurred from this population's use of physical/mental health services and public resources devoted to stopping housing and employment discrimination they face. Costs incurred after the passage of this bill are federally reimbursable, further lowering the burden on the state's resources. Gender-affirming care for transgender people dramatically increases our mental health and wellbeing. Many organizations—including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics—support this healthcare approach. From financial, public health, and moral standpoints, this bill does so much good for a vulnerable population at a very low cost.

On a personal level, gender-affirming care has quite literally saved my life. It helped me overcome depression and suicidal ideation brought on by my gender dysphoria. And even though the wider culture is still very hostile to people like me, access to this healthcare has helped me rise above the vitriol with dignity. Since starting my transition, I find that I am a much more hopeful, driven person. I can express myself through my music more authentically and vibrantly; my professional ambitions and goals feel more defined and attainable; and I even feel more connected with the beauty of the natural world around me every day. To put it simply: gender-affirming care has changed my life for the better in innumerable ways. The State of Maryland should expand access to those who need this care but who simply cannot afford it without assistance. To do otherwise is, in my opinion, immoral, wrong, and illogical from a public policy standpoint.

I strongly urge you to support SB 682.

Thank you for your consideration,

Milo Reynolds-Dominguez (she/her/hers)
UMD Law, Class of 2024
Cornell University, Class of 2020
Sphinx Head Society, 2019-2020
Pet Names Music LLC, partner

Testimony in Support of SB 682.pdf

Uploaded by: Nasira Lichtel

Position: FAV

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

Nasira Lichtel (she/her)
3rd Congressional District

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

SB 682 means a lot to me as a transgender woman currently on Medicaid. I've been reliant on Medicaid for my Gender Affirming Care for the past year since losing my mother's insurance after turning 26. During that time, I've struggled greatly with gender dysphoria related to issues for which the treatment is not covered through Medicaid currently, despite being deemed medically necessary for the treatment of gender dysphoria by medical organizations like WPATH. These treatments are hand-waived away as 'cosmetic.' I can attest to the fact that they are not 'cosmetic' to me. When I first came out as transgender, I had a list of physical obstacles to me being read as my gender in public. It went:

1. Voice
2. Facial Hair
3. Facial Structure
4. Body Hair
5. Genitalia

When I go out into public every day, strangers don't see what's in my pants. They don't judge me for having a penis. They judge me for having a beard, for having hair all the way up my thighs, for not being able to sound like a cisgender woman, for having a masculine jawline. The only treatment that I need that is covered under Maryland Medicaid right now is vaginoplasty, aka bottom surgery, the thing that I have the least amount of dysphoria and social friction surrounding. What really astounds me is that a prerequisite for vaginoplasty is hair removal on the area being worked on. Something that is required to get a vaginoplasty, a service deemed medically necessary by Medicaid, is in itself deemed not medically necessary and 'cosmetic.'

Covering treatments like vocal therapy, laser and electrolysis hair removal, and facial feminization surgeries are small prices to pay compared to the economic damage caused by the suffering of gender diverse constituents, let alone the cost to the mental health of those suffering. There isn't a day that I wake up where I don't have to shave my beard and endure the constant reminder that my body does not align with my soul, and simply because I cannot afford the treatment. I lose sleep over trying to figure out how to finance things that should be covered—things that, again, are medically necessary to treat gender dysphoria. I've had to spend nearly a thousand dollars out of pocket with little to no income over the past year for facial hair removal and I'm probably going to have to spend another two thousand. That's a small price to pay in a budget of well over 10 billion dollars, but a crippling amount to try to find on my own as a full-time college student with no savings.

I implore you to support this bill. I cannot express enough in words how much getting coverage for the care my doctors and therapist agree I need would mean to me and so many other members of the gender diverse community in your constituency. Please, do the right thing.

Thank you for your consideration,

Nasira Lichtel
Pronouns: She/Her
1028 Woodson Rd. Apt. H
Baltimore, MD 21212

Support SB2 testimony.pdf

Uploaded by: Omar Harfouch

Position: FAV

SUPPORT SB 682
Senate Finance Committee
February 22, 2022
Testimony of Omar Harfouch MD MPH

Omar Harfouch
THRIVE – University of Maryland Midtown Campus – 827 Linden Ave Baltimore MD 21201
Infectious Diseases Fellow.

Dear Chair and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

I am a physician who cares for several transgender patients in Baltimore.

I am writing today to express my support for the Gender-Affirming Treatment/Trans Health Equity Act of 2022 as a comprehensive, thoughtful, cost-neutral proposal to improve the health and safety of the small group of 2,000 transgender Marylanders who are enrolled in Medicaid.

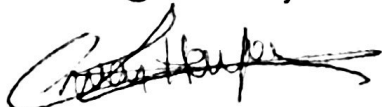
This bill ensures Maryland Medicaid provides medically necessary care based on up-to-date standards in line with other state and private insurance providers, as well as local and international guidelines for the treatment of transgender individuals. As a physician, I've seen gender-affirming care dramatically improve patients' mental health and wellbeing, reducing long-term physical and mental health complications. One of my patients was diagnosed with depression prior to me evaluating her for gender affirming hormones. Once we managed to start her hormone therapy, her depression had markedly improved and she no longer needed to be on antidepressants.

In particular, I appreciate how the bill seeks to resolve insurance gaps in gender-affirming care, such as electrolysis accompanying planned genital surgeries and speech language or "voice therapy" which has potential to promote safety from discrimination and violence which worsen mental health. These services are federally reimbursable by licensed providers, and as medical providers to Medicaid-insured patients, we can help patients access them safely and judiciously.

Please, I urge you to support SB 682 to make this medically necessary and life-saving care accessible for low-income Marylanders on Medicaid, just as it is under many private insurance plans.

Thank you very much for your consideration,

Omar Harfouch MD MPH
827 Linden Ave
Baltimore MD 21201
oharfouch@som.umaryland.edu



SB 682 - (Trans Health Equity Act of 2022) JHU-JHM

Uploaded by: Paula Neira

Position: FAV

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Elizabeth Hafey, Esq.
Associate Director, State Affairs

Paula M. Neira JD, MSN, RN, CEN, FAAN
Program Director of LGBTQ+ Equity and Education
Johns Hopkins Medicine Office of Diversity, Inclusion and Health Equity

DATE: February 22, 2022

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**.

SB 682 - Maryland Medical Assistance Program - Gen

Uploaded by: Pegeen A. Townsend

Position: FAV

**SB 682 – Maryland Medical Assistance Program – Gender-Affirming Treatment
(Trans Health Equity Act of 2022)**

Position: Support
February 22, 2022
Senate Finance Committee

Bill Summary:

SB 682 would require, beginning January 1, 2023, Medicaid to cover medically necessary gender-affirming treatment(s) in a nondiscriminatory manner and in accordance with current standards.

Position:

For many transgender individuals, access to gender-affirming health care is intimately related to well-being across a range of activities of daily living. Transgender individuals who cannot access the health care they need, because of poverty, insurance exclusions, or other discrimination, have high unemployment rates and experience health disparities that include frequent depression, drug abuse, HIV, and other conditions that are expensive to treat. Transgender individuals are nearly nine times more likely than the general population to attempt suicide.

Eighteen states and the District of Columbia have chosen to specifically include coverage for gender-affirming care under their Medicaid programs. Gender-affirming care includes a range of services, such as surgical procedures, hormone therapy, mental health counseling, and voice modifications.

Recent research has shown when the costs of untreated gender dysphoria are factored in, medically necessary care for transgender people is cost-effective. The value of the health benefits associated transitioning far outweigh the costs of covering the cost of the gender-affirming treatment(s).

For these reasons, we urge a ***favorable*** report on SB 682.

SB682_FAV_BHRC.pdf

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 22, 2022

The Honorable Delores Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

**Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment
(Trans Health Equity Act of 2022) - FAVORABLE**

Dear Chair Kelley and Senate Finance Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, naloxone distributor, and syringe service program we have provided essential health care services across the state for years. For this reason and more we support SB682, the Trans Health Equity Act of 2022.

Maryland continues to rely on 20-year old standards of care to attempt to meet the needs of its transgender and gender diverse residents. In turn, our state categorically denies dozens of gender-affirming services, all of which are federally approved and reimbursable. Without access to these services we are pushing vulnerable trans and gender diverse Marylanders further into the margins by exposing them to more employment and housing discrimination, harassment, and interpersonal violence.

Increasing access to gender-affirming surgeries is a community harm reduction strategy and supported by public health research. Studies have shown that transgender and gender diverse people with a history of gender-affirming surgery have significantly lower rates of behavioral health concerns such as substance use, suicidal ideation,¹ and sharing non-sterile syringes needed for gender-affirming medical care.² Insurance is proven to be a significant barrier to accessing hygienic supplies and wrap-around health care services to address behavioral and physical health needs. Furthermore, studies and cost benefit analyses show that access to sterile supplies saves money, largely from averted HIV, hepatitis B, and hepatitis C infections.³

¹ Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surg.* 2021;156(7):611–618. doi:10.1001/jamasurg.2021.0952

² Jennifer L. Glick, Katherine M. Andrinopoulos, Katherine P. Theall, and Carl Kendall. Tiptoeing Around the System: Alternative Healthcare Navigation Among Gender Minorities in New Orleans. *Transgender Health* 2018 3:1, 118-126

³ Australian Commonwealth Department of Health and Aging. Return on Investment in Needle and Syringe Programs in Australia.

The healthcare community needs to eliminate access barriers and support harm reduction strategies. Gender-affirming surgeries should be made available for transgender and gender diverse people who seek them, and Maryland must remove barriers to gender-affirming surgery such as insurance exclusions for such care.

It is time for Maryland to join a cohort of over 10 states and the District of Columbia who provide comprehensive, gender-affirming care under Medicaid. BHRC asks that the Senate Finance Committee give SB682 a favorable report.

For more information about Baltimore Harm Reduction Coalition or our position, please contact our Director of Mobilization, Rajani Gudlavalleti at rajani@baltimoreharmreduction.org

DeBrosse SB0628 fav.pdf

Uploaded by: Ren DeBrosse

Position: FAV

Ren DeBrosse

Baltimore City, District 12

Members of the Senate Finance Committee,

My position is FAVORABLE for SB 682 to be heard by the Senate Finance Committee on February 22, 2022. My name is Ren DeBrosse and I am a second year medical student at the Johns Hopkins University School of Medicine, a researcher in patient-centered care with a focus on transgender and gender diverse people's needs, and a non-binary person.

In my clinical experience working with transgender and gender diverse people over the last year, I have met with at least 2 dozen trans people, all who had different goals for their gender expression and many of whom required medical support to meet those goals. Among the medical support that's needed, procedure based therapies such as laser hair removal, top and bottom surgery, and facial feminization surgery come up frequently. All patients that have wanted these procedures done and received them that I have spoken with have felt better afterwards than they did pre-procedure, and folks often share that they face less discrimination at work and in the world as they are able to get procedures that help their body to align with their internal self of self. I have seen the peace, joy, and wellbeing that being able to get the procedure a trans person needs brings to that trans person.

While top and bottom surgery are covered under Maryland's current Medicaid plans, these are not the only procedures that patients need, and they are sometimes less prioritized by the patient than surgeries that are currently not covered, such as hair removal or electrolysis, facial feminization surgery or tracheal shave. In fact, the Nationals Transgender Survey in 2015 found that 95% of transgender women and 67% of non-binary respondents assigned male on their original birth certificate surveyed wanted hair removal one day or had already have it. Furthermore, surgeries that have been historically deemed "aesthetic" are actually life-saving- trans folks have the highest rates of suicide of any gender group in the US, and being able to access procedures that help to relieve gender dysphoria can protect against suicide.

To support SB 682 is to be in support of one of the key principles of biomedical ethics: autonomy. Covering gender-affirming procedures beyond top and bottom surgery in the Maryland Medical Assistance Program is critical to access to this life-saving care and the of ability transgender and gender diverse Marylanders to choose the right medical care for themselves

I strongly urge you to support SB 682.

Thank you for your consideration,

Ren DeBrosse

211 E Biddle St, Apt 1

Baltimore, MD 21231

SB 682_Homeless Persons Representation Project_fav

Uploaded by: Sam Williamson

Position: FAV



HOMELESS PERSONS REPRESENTATION PROJECT, INC.

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(410) 685-6589 Toll Free (800) 773-4340 Fax (410) 625-0361

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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.

2022 ACNM SB 682 Senate Bill.pdf

Uploaded by: Scott Tiffin

Position: FAV



Support

Senate Bill 682 – Maryland Community Health System strongly supports Senate Bill 682 – Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)

Senate Finance Committee

February 22, 2022

The Maryland Affiliate of the American College of Nurse-Midwives strongly supports Senate Bill 682 – Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022). The bill would modernize Maryland Medicaid’s coverage of gender-affirming treatment to reflect current best practices.

Maryland Medicaid currently excludes many gender-affirming services from coverage because the services are considered “cosmetic.” There is a growing recognition among experts that these service denials “reflect a long history of labeling medical care for transgender people as unnecessary, unproven, and unworthy of payment[.]”ⁱ Senate Bill 682 recognizes that many services sometimes considered “cosmetic” are medically necessary for transgender patients. In addition to addressing symptoms of gender dysphoria, treatments to align outward appearance with a patient’s gender identity can decrease the risk of experiencing discrimination and violence.ⁱⁱ

By modernizing our state’s Medicaid program, we will ensure that more patients can access all medically necessary gender-affirming care. We ask for a favorable report. If we can provide any additional information, please contact Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6549509/#R1>

ⁱⁱ https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

2022 MCHS SB 682 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill:	Senate Bill 682 – Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)
Hearing Date:	February 22, 2022
Position:	Support

Maryland Community Health System strongly supports *Senate Bill 682 – Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)*. The bill ensures that Medicaid all medically necessary gender-affirming care.

Maryland Community Health System is a network of federally qualified health centers committed to providing services to the underserved, which includes individuals who need gender-affirming care. Maryland Medicaid does currently cover gender-affirming care but many services are excluded.ⁱ The justification for these exclusions is often that they excluded services are “cosmetic.” However, there is a growing recognition in the medical community that often the “demarcation between ‘necessity’ and ‘cosmetic’ in transgender...is in direct opposition to the scientific community’s understanding of gender dysphoria and professional guidelines for transgender health.”ⁱⁱ This bill recognizes that for many transgender patients certain services that are traditionally considered “cosmetic” such as hair alterations or facial surgery are actually medically necessary in order to address gender dysphoria. Passing SB 682 will ensure that Maryland Medicaid’s coverage of gender-affirming care reflects current best practices for caring for transgender patients.

We ask for a favorable report, and we stand ready to assist the Committee in every way possible in this endeavor. If we can be helpful in any way, please let us know by contacting Scott at stiffin@policypartners.net.

ⁱ https://mmcp.health.maryland.gov/mcoupsdates/documents/pt_37_16.pdf

ⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6549509/#R1>

2022 MOTA SB 682 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee:	Senate Finance Committee
Bill:	Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)
Hearing Date:	February 22, 2022
Position:	Support

The Maryland Occupational Therapy Association strongly supports *Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)*. This legislation would improve Medicaid's coverage of gender-affirming care.

MOTA supports ensuring that transgender patients have access to all forms of care they need. Although Medicaid currently covers gender-affirming there are many excluded services. Access to all forms of gender-affirming care is important to the health and wellbeing of transgender Marylanders.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at stiffin@policypartners.net or (443) 350-1325.

2022 Moveable Feast SB 682 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)

Hearing Date: February 22, 2022

Position: Support

Moveable Feast strongly supports *Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)*. Our mission is to improve the health and quality of life of people with serious illnesses through nutritional counseling and medically-tailored meals.

We provide services to many members of the LGBTQ community and have seen the importance of gender-affirming treatment. Maryland Medicaid currently excludes many gender-affirming services from coverage, claiming they are “cosmetic.” However, we know how important having one’s outward appearance match one’s gender identity is in addressing symptoms of gender dysphoria. This bill will end the antiquated restrictions and ensure that more transgender Marylanders can access needed care.

We urge a favorable report on this legislation in order to modernize our Medicaid program. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 PPM SB 682 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Finance Committee

Bill Number: Senate Bill 682

Title: Maryland Medical Assistance Program - Gender-Affirming Treatment
(Trans Health Equity Act of 2022)

Hearing: February 22, 2022

Position: Support

Planned Parenthood of Maryland supports *Senate Bill 682 - Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act of 2022)*. This bill will ensure that Maryland's Medicaid policy reflects current best practices.

We provide medical care to many transgender Marylanders, and we have seen firsthand the importance of access to gender-affirming care. Maryland Medicaid currently does not cover many gender-affirming services even if necessary to address a patient's gender dysphoria. In addition to expanding coverage, this bill also prohibits Medicaid from denying a claim unless a provider with experience with gender-affirming care reviews the claim. This is essential because many forms of gender-affirming are often written off as "cosmetic." Therefore, denials must be reviewed by a provider with knowledge of current gender-affirming care standards.

We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Scott Tiffin at (443) 350-1325 or stiffin@policypartners.net.

MAP_SB 682_Trans Health Equity Act_FAV.pdf

Uploaded by: Stacey Jefferson

Position: FAV



Member Agencies:

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Job Opportunities Task Force

Laurel Advocacy & Referral Services,
Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Center on Economic Policy

Maryland Community Action
Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

Welfare Advocates

Marylanders Against Poverty

Julia Gross, Co-Chair

P: 410-528-0021 ext 6029

E: jgross@mdhungersolutions.org

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: kschumitz@mdeconomy.org

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

Submitted by Julia Gross and Kali Schumitz, Co-Chairs

Marylanders Against Poverty (MAP) strongly supports SB 682 which updates outdated standards in Maryland's Medicaid program for coverage of gender-affirming treatments and ensures transgender people experiencing poverty in Maryland can get the essential health care they need.

Transgender Marylanders [frequently report experiencing discrimination](#) that affects their ability to get and keep employment, complete their education, and maintain stable housing. As a result, transgender people experience poverty at twice the rate of the general population. Transgender people of color face even greater barriers because of the combination of racial and transgender discrimination. [One national survey](#) found that more than one-third of Black transgender people nationwide lived on less than \$10,000 per year.

Medicaid is a vital lifeline that ensures people experiencing poverty can get the health care they need, and it should be as inclusive as possible. The standards the Maryland Medical Assistance Program is currently using to make decisions about care that transgender people are eligible for are outdated. SB 682 would bring them in line with the more comprehensive standards already in place in nine other states and Washington, D.C.

The cost to the state would be modest. All of the services covered in the bill are federally reimbursable, and there are only about 2,000 transgender Marylanders enrolled in Medicaid. More importantly, transgender Marylanders who are living in poverty would be able to receive the gender-affirming care that is essential for their mental health and well-being.

MAP appreciates your consideration and urges the committee to issue a favorable report for SB 682.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.

SB 682_ Trans Health Equity Act of 2022 _BHSB_FAVO

Uploaded by: Stacey Jefferson

Position: FAV



February 22, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

*SB 682 Maryland Medical Assistance Program-Gender-Affirming Treatment
(Trans Health Equity Act of 2022)*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore supports SB 682- Maryland Medical Assistance Program- Gender-Affirming Treatment (Trans Health Equity Act of 2022) This bill requires the Maryland Medical Assistance Program provide gender-affirming treatment and prohibiting them from an adverse benefit determination related to gender-affirming treatment unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed or confirmed the appropriateness of the determination.

BHSB supports SB 682 as it will allow equitable access to vital health care services for transgender people. Research shows that access to gender-affirming medical care is linked to better mental health outcomes. A 2020 study of transgender adults 18 and older found that access to gender affirming care during adolescence was associated with a lower risk of suicidality. It also found that approximately nine out of ten transgender adults who wanted gender affirming care during adolescence but didn’t receive it experienced suicidal ideation at some point in their lifetime. ¹

Current Maryland Medicaid policies create barriers to accessing adequate medical care for trans Marylanders. Without adequate medical care they are exposed to discrimination, harassment, and interpersonal violence. This can also lead to negative behavioral health outcomes. An American Psychological Association report shows the impact of discrimination on adults can lead to a state of heightened vigilance and changes in behavior, which can trigger stress responses. This toxic stress has a negative impact on both physical and mental health. ²We must continue to protect our most vulnerable Marylanders. **As such, BHSB urges the Senate Finance Committee to support SB 682.**

¹ Yurcaba, Jo. *Trans Youth with Access to Early Medical Care Have Access to Better Mental Health Outcomes*. Very Well Mind: Mental Health News, 2020

² Schreiber, Katherine. *Why Transgender People Experience More Mental Health Issues*. Psychology Today, 2016.

Letter of Support for SB 682 Trans Health Equity A

Uploaded by: Taro Adachi

Position: FAV

SUPPORT SB 682
Senate Finance Committee
February 22, 2022
Testimony of Taro J. Adachi, M.D.

Frederick Ob/Gyn
Frederick, Mt. Airy, and Urbana Maryland
Fellow of the American College of Obstetrics and Gynecology

Dear Chair and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

I am an Ob/Gyn who has been in practice in Baltimore City since 1993 in private practice for 20 years, including ten years with Chase Brexton, and the past six as a full time faculty member at Sinai Hospital as part of their residency training program. I have recently moved further west to retire from teaching back into private practice. Throughout my career I have provided direct care for people in the LGBTQ community. The access to care should be supported for the health of our whole community.

I am writing today to express my support for the Gender-Affirming Treatment/Trans Health Equity Act of 2022 as a comprehensive, thoughtful, cost-neutral proposal to improve the health and safety of the small group of 2,000 transgender Marylanders who are enrolled in Medicaid.

This bill ensures Maryland Medicaid provides medically necessary care based on up-to-date standards in line with other state and private insurance providers. As an office based and surgical care giver, I've seen gender-affirming care dramatically improve patients' mental health and wellbeing, reducing long-term physical and mental health complications.

In particular, I appreciate how the bill seeks to resolve insurance gaps in gender-affirming care, such as electrolysis accompanying planned genital surgeries and speech language or "voice therapy" which has potential to promote safety from discrimination and violence which worsen mental health. These services are federally reimbursable by licensed providers, and as medical providers to Medicaid-insured patients, we can help patients access them safely and judiciously.

Please, I urge you to support SB 682 to make this medically necessary and life-saving care accessible for low-income Marylanders on Medicaid, just as it is under many private insurance plans.

Thank you very much for your consideration,

Taro J. Adachi
4842 Buffalo Road
Mt. Airy, Maryland 21771

Testimony in Support of SB 682.pdf

Uploaded by: Zackary Berger

Position: FAV

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

Zackary Berger, MD, PhD, FACP

Baltimore, Maryland

For identification purposes only: Johns Hopkins School of Medicine and Esperanza Center Health Clinic

Chair Kelley and Members of the Committee,

Thank you for the chance to testify in support of Senate Bill 682.

SB 682 is important because my transgender patients are suffering without recourse. I am a primary care doctor, and gender-affirming care is primary in so many ways – among them, primary to my patients' well-being and ability to exist in the world on their own terms. This bill costs nothing to Marylanders, as gender-affirming care is reimbursable. It merely asks that transgender people on Medicaid be treated like anyone else.

Maryland is falling behind other states and denying gender-affirming care to Medicaid patients. As a result, my patients' mental health is suffering. They are ending up in the emergency room, or with worse fates. Why should the state get between patients and their doctors?

I want to see my transgender patients get the care they need, no matter who they are. You can help by passing this bill. I strongly urge you to support SB 682.

Thank you for your consideration,

Zackary Berger, MD, PhD, FACP

2736 N Calvert St

Baltimore MD 21218

SB0682 Amendment -843725-01.pdf

Uploaded by: Mary Washington

Position: FWA



SB0682/843725/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

15 FEB 22
16:28:20

BY: Senator Washington
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 682
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, after “provide” insert “medically necessary”; and in the same line, after “treatment” insert “in a nondiscriminatory manner; requiring that the gender-affirming treatment be assessed according to nondiscriminatory criteria that are consistent with current clinical standards”.

AMENDMENT NO. 2

On page 3, strike beginning with “, **INCLUDING**” in line 2 down through “**SCAR**” in line 4; strike beginning with “, **INCLUDING**” in line 8 down through “**SCAR**” in line 14; in lines 15 and 29, in each instance, strike “**SURGERY**” and substitute “**ALTERATIONS**”; strike beginning with “, **INCLUDING**” in line 15 down through “**SCAR**” in line 28; and strike beginning with the comma in line 29 down through “**VULVOPLASTY**” in line 38.

On page 4, strike beginning with the colon in line 14 down through “**INCLUDE**” in line 15 and substitute “**INCLUDE**”; strike beginning with “; **AND**” in line 17 down through “**INDIVIDUALS**” in line 19; after line 21 insert:

“(B) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE PROGRAM PROVIDE GENDER-AFFIRMING TREATMENT TO ALL PROGRAM RECIPIENTS FOR WHOM GENDER-AFFIRMING TREATMENT IS MEDICALLY NECESSARY, INCLUDING TRANSGENDER, NONBINARY, INTERSEX, TWO SPIRIT, AND OTHER GENDER DIVERSE INDIVIDUALS.”;

and in line 22, strike “(B)” and substitute “(C)”.

(Over)

On page 5, after line 5 insert:

“(4) THE PROGRAM MAY NOT DENY OR LIMIT COVERAGE FOR GENDER-AFFIRMING TREATMENT BASED ON THE PROGRAM RECIPIENT’S GENDER IDENTITY.”;

in lines 6 and 9, strike “(4)” and “(5)”, respectively, and substitute “(5)” and “(7)”, respectively; after line 8 insert:

“(6) THE PROGRAM MAY NOT ESTABLISH A CATEGORICAL EXCLUSION FOR A PARTICULAR GENDER-AFFIRMING TREATMENT.”;

and in line 14, strike “(C)” and substitute “(D)”.

Sen Washington Testimony SB682.pdf

Uploaded by: Mary Washington

Position: FWA

MARY L. WASHINGTON, PH.D
Legislative District 43
Baltimore City

Education, Health, and
Environmental Affairs Committee

Chair
Joint Committee on Ending
Homelessness

Chair
Joint Committee on Children,
Youth, and Families



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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, Vice Chair Feldman, and Members of the Finance Committee,

I respectfully urge you to vote favorable with amendment on Senate Bill 682, which modernizes Maryland's Medical Assistance Program (Medicaid) to ensure that we are following best practices for gender-affirming care.

Medicaid's current policy on gender-affirming care is summarized in its Managed Care Organizations Transmittal No. 110. This policy was informed by medical standards that were published in 2001 by the World Professional Association for Transgender Health (WPATH). Maryland has not updated its policy, even though WPATH has since revised its Standards of Care. Moreover, WPATH will likely publish another updated version later this year. Maryland continues to fall further behind medical science.

Based on these decades-old standards, Medicaid categorically denies coverage for 31 gender-affirming procedures, regardless of medical necessity or a doctor's prescription. The excluded procedures include many that are most important to the daily lives of transgender individuals, including hair, voice, and facial procedures. By removing such categorical exclusions, Maryland will join over a dozen other states, including Virginia and Washington, D.C., in providing a best-practice standard of care for our transgender community members.

This bill is a result of numerous conversations with the Department of Health regarding gender-affirming care. The bill was created in collaboration with medical professionals at Johns Hopkins Medicine, MedStar Health, Chase Brexton Health Care, and many other medical institutions. We have also worked with MedChi, which recommended that we amend the bill to omit the list of specific procedures. I have introduced an amendment that will enable the bill to more clearly keep pace with medical science as that science advances.

SB 682 requires Medicaid to cover gender-affirming treatment when it is medically necessary, prescribed by a licensed health-care provider, and is in accordance with current, nondiscriminatory medical standards.

The bill also prevents Medicaid from denying treatment because of an individual's gender identity, because of medical misinformation that names this medically necessary care as cosmetic, or without the benefit of an experienced medical provider's opinion.

SB 682 will have a life-saving impact on a small number of Marylanders. There are fewer than 2,000 transgender Marylanders enrolled in Medicaid.¹ Not all of these individuals will seek access to this care. Indeed, the fiscal note provides an illustrative example of the amount of costs when some individuals access some services – the result is that Maryland would use approximately one-half of 0.01% of its Medicaid budget on these one-time costs.

Providing this care will also enable Maryland to save on other costs. It will reduce the number of individuals seeking unregulated, unsafe care, which therefore reduces the numbers of costly complications from unlicensed care. It will also reduce the number of individuals who do not receive adequate medical care, and therefore the yearly spillover costs of deteriorated physical and mental health.

SB 682 will bring a profound benefit to the lives of Marylanders by modernizing our outdated Medicaid system and ensuring that we cover medical care according to leading best practices.

I welcome your partnership in this important effort and urge you to vote favorable with amendment on SB 682.

In Partnership,



Senator Mary Washington
Maryland 43rd District

¹ Williams Institute (October, 2019). Medicaid Coverage for Gender-Affirming Care.
<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Oct-2019.pdf>

SB0682_FWA_MedChi_Trans Health Equity Act of 2022.

Uploaded by: Pam Kasemeyer

Position: FWA



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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Mary Washington

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: February 22, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 682 – *Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022)*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 682.

Senate Bill 682 provides an important enhancement of Medicaid benefits to address gender-affirming treatment, provides clarification of what is considered gender-affirming treatment, and provides protections for the appropriate review of requested treatment to ensure that care is not unreasonably or inappropriately denied.

The legislation defines gender-affirming treatment as any medically necessary treatment consistent with current clinical standards of care prescribed by a licensed health care provider for the treatment of a condition related to the individual's gender identity. If enacted, Medicaid could not exclude gender-affirming treatment on the basis that the treatment is a cosmetic service and could not issue an adverse benefit determination denying or limiting access to gender-affirming treatment unless a health care provider with experience prescribing or delivering gender-affirming treatment had reviewed and confirmed the appropriateness of the adverse benefit determination.

In addition, Senate Bill 682 requires each Managed Care Organization (MCO) to submit to the Maryland Department of Health (MDH), a list of the name and location of each health care provider offering gender affirming treatment with which the MCO has an active contract and the types of procedures provided by each provider. Annually, MDH must compile a report that includes the name and location of each health care provider offering gender-affirming treatment to Medicaid recipients; the MCOs that have active contracts with each health care provider; and the types of gender-affirming treatment provided by each health care provider. The report must be posted on MDH's website to assist

the public in accessing these medically necessary services.

Individuals that require gender-affirming treatment must often overcome the stigma, inherent discrimination, and often unfair assessment of the medical necessity of a required treatment. This treatment is most often provided by health care practitioners whose clinical practice focuses and/or specifically includes gender affirming treatment. The statutory framework reflected in Senate Bill 682 will ensure the provision of medically necessary, clinically appropriate services reflective of recognized standards of care and provides a mechanism to ensure there are not intended or discriminatory adverse benefit determinations. Further, the bill will help enhance access to these services by identifying the health care practitioners who provide these services.

MedChi strongly supports the objectives of this legislation but would suggest the bill be amended to delete the detailed list of covered services and instead to utilize language that describes categories of services. Legislating specific procedures has historically proven to ultimately undermine the ability to maintain a framework that recognizes the current standard of care. Should procedures or services be added or deleted from the standard of care, the statute would need to be amended, which is often a difficult and untimely process. With its suggested amendment noted, MedChi urges a favorable report.

For more information call:

Pamela Metz Kasemeyer

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Christine K. Krone

410-244-7000