

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

House Health and Government Operations Committee

March 24, 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

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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/mqawebbsite/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>