

SUPPORT for HB 746
Maryland Medical Assistance Program – Gender-Affirming Treatment
Trans Health Equity Act of 2022
House Health and Government Operations Committee

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Dear Chair Pendergrass and Members of the Committee:

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 critical 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 which are covered by their current plans.

Taking feminizing or masculinizing hormones causes reversible changes to muscle bulk and body fat distribution. These changes are an important component of achieving a gender expression. But hormones do not change bone structure, hair growth, or voice. As a result, they do not always lead to sufficient changes. There may also be medical reasons which limit someone’s ability to take hormones. 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. These procedures would help her achieve a more feminine appearance without putting herself at additional medical risk.

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, bone structure, 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 there are people who will challenge, confront, and even assault a person who doesn’t appear to fit neatly into a category of “man” or “woman.” 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. And there should be space in our society for gender nonconformity and a celebration of the gender spectrum. But the sad truth is that when people are not immediately identifiable as transgender by their appearance or the sound of their voice by a malicious stranger on the street, they are safer.

Yet for many young people starting hormones for the first time – often without the financial support of a family network – saving money for procedures 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 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. Each person is unique – not every transgender person will need or utilize each service. Procedures which are more expensive will not be used by as many people. And compared to the total population of Maryland, the number of transgender people is relatively small: 0.6%. As shown in earlier research on this subject, the financial impact of this expansion of coverage will be relatively small when spread out over the entire insured population.

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. As a pragmatic observation from a healthcare provider: people who are happier in their bodies take better care of them. And people who take better care of their bodies have fewer healthcare expenses.

Passing this bill will not only dramatically improve the lives of people who need and deserve this care, it is also – happily – a smart financial decision.

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 gray rectangular background.

Helene F. Hedian, MD