

**Testimony in Support of SB 682**

Maryland Medical Assistance Program – Gender-Affirming Treatment

Trans Health Equity Act of 2022

Health and Government Operations Committee

March 24, 2022

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Baltimore, Baltimore City

Chase Brexton Health Care

Chair Pendergrass 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 SB682. 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 to be medically 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 she could not 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.

Thank you for your consideration,

Elyse Pine, MD

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