

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**IN SUPPORT OF**  
**SB 460 – Maryland Medical Assistance Program – Gender–Affirming**  
**Treatment (Trans Health Equity Act)**

**Senate Finance Committee**  
**February 28, 2023**



Health Care for the Homeless strongly support SB 460, 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 460 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 wellbeing<sup>1</sup> 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.<sup>2</sup>

**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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> **Make no mistake, for our clients, receiving gender-affirming care is a matter of life and death.**

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<sup>1</sup> 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.

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

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

<sup>4</sup> [https://nhchc.org/wp-content/uploads/2019/08/Increasing-access-and-quality-of-care-for-TGNC\\_FINAL090816.pdf](https://nhchc.org/wp-content/uploads/2019/08/Increasing-access-and-quality-of-care-for-TGNC_FINAL090816.pdf).

<sup>5</sup> 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](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 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.<sup>6</sup> 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.

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<sup>6</sup> 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 460 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](http://www.hchmd.org).*