House Bill 283

Maryland Medical Assistance Program – Gender-Affirming Treatment

Trans Health Equity Act

February 14, 2023

Support

Elyse Pine

Baltimore, Baltimore City

Chase Brexton Health Care

Dear Chair Peña-Melnyk, Vice Chair Kelly, and members of the Health and Government Operations 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 283 with modifications. 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.

The WPATH Standards of Care v. 8, published in 2022, states “Gender-affirming interventions are based on decades of clinical experience and research; therefore, they are not considered experimental, cosmetic, or for the mere convenience of a patient. They are safe and effective at reducing gender incongruence and gender dysphoria.*(references below)

Consequently, WPATH urges health care systems to provide these medically necessary treatments and eliminate any exclusions from their policy documents and medical guidelines that preclude coverage for any medically necessary procedures or treatments for the health and well-being of TGD individuals. In other words, governments should ensure health care services for TGD people are established, extended or enhanced (as appropriate) as elements in any Universal Health Care, public health, government subsidized systems, or government-regulated private systems that may exist. Health care systems should ensure ongoing health care, both routine and specialized, is readily accessible and affordable to all citizens on an equitable basis. Medically necessary gender-affirming interventions are discussed in SOC-8. These include but are not limited to hysterectomy +/- bilateral salpingo-oophorectomy; bilateral mastectomy, chest reconstruction or feminizing mammoplasty, nipple resizing or placement of breast prostheses; genital reconstruction, for example, phalloplasty and metoidioplasty, scrotoplasty, and penile and testicular prostheses, penectomy, orchiectomy, vaginoplasty, and vulvoplasty; hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process; gender-affirming facial surgery and body contouring; voice therapy and/or surgery; as well as puberty blocking medication and gender-affirming hormones; counseling or psychotherapeutic treatment as appropriate for the patient and based on a review of the patient’s individual circumstances and needs.”

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.

Gender-affirming interventions are based on decades of clinical experience and research; therefore, they are not considered experimental, cosmetic, or for the mere convenience of a patient. They are safe and effective at reducing gender incongruence and gender dysphoria. 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.

I agree that it is important for each managed care organization to know where its members can find quality gender affirming care. However, I do not think that individual providers should be prominently and conspicuously displayed on the Department's Website as proposed in Article D (III). According to a Human Right Campaign report published in December 2022 **, 24 different hospitals and providers in 21 states were attacked online, and then began receiving offline harassment and threats. There were bomb threats at several youth gender clinics and direct death threats and other threats of violence made to individual physicians. While listing affiliated hospitals or clinics may allow patients the ability to find clinical care, listing individual providers of youth gender care may be dangerous to the individual provider.

WPATH's official position is that the necessity of any type of care 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 283 with amendments.

Thank you for your consideration,

Elyse Pine, MD

Chase Brexton Health Care

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* Aires et al., 2020; Aldridge et al., 2020; Al-Tamimi et al., 2019; Balakrishnan et al., 2020; Baker et al., 2021; Bertrand et al., 2017; Buncamper et al., 2016; Claes et al., 2018; Eftekhar Ardebili, 2020; Esmonde et al., 2019; Javier et al., 2022; Lindqvist et al., 2017; Lo Russo et al., 2017; Marinkovic & Newfield, 2017; Mullins et al., 2021; Nobili et al., 2018; Olson-Kennedy, Rosenthal et al., 2018; Özkan et al., 2018; Poudrier et al., 2019; T'Sjoen et al., 2019; van de Grift, Elaut et al., 2018; White Hughto & Reisner, Poteat et al., 2016; Wierckx, van Caenegem et al., 2014; Wolter et al., 2015; Wolter et al., 2018).

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