

Testimony in Support of HB 283
Maryland Medical Assistance Program – Gender-Affirming Treatment
Trans Health Equity Act of 2023
Health and Government Operations Committee
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Chair Peña-Melnyk and Members of the Committee,

Thank you for the chance to testify in support of House Bill 283. My name is Ethan Mondell and I am a resident of state district 46. I am submitting this testimony in support of HB 283, the Trans Health Equity Act, which would expand Maryland Medicaid to cover lifesaving gender-affirming care.

The Trans Health Equity Act (THEA) addresses a critical gap in the healthcare of transgender Marylanders by ensuring Medicaid coverage for gender-affirming healthcare. Currently, Maryland Medicaid excludes many gender-affirming procedures. There is consensus in the medical community that these procedures are medically necessary and reduce suicide, abuse, discrimination, and harassment. THEA is a low-cost solution that improves the quality of life of trans Marylanders, brings Maryland Medicaid into compliance with federal law, and meets current medical standards.

I believe that HB 283 is important because my sibling is transgender and has experienced financial and access barriers in obtaining gender-affirming care. I've watched their mental health suffer from feeling as though their body does not reflect how they view themselves. Aside from my personal connection, there's evidence to show that gender-affirming care improves health outcomes for folks. Here are just *some* of the studies that have demonstrated that.

- "Receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up." (Tordoff et al. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Netw Open. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978)
- "people with a history of gender-affirming surgery had significantly lower odds of past-month psychological distress, past-year tobacco smoking, and past-year suicidal ideation compared with TGD people with no history of gender-affirming surgery." (Almazan, A. N. et al. JAMA Surg. 156, 611–618 (2021).)

As a future physician, I view it as my duty to do no harm. Thus, I believe it is our societal duty to expand medicaid access to provide gender-affirming care to better the health outcomes of this vulnerable population.

Thank you for your consideration,

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