

FEBRUARY 14, 2023

Gender-Affirming Treatment is Essential Health Care

Position Statement Supporting House Bill 283

Given before the House Health and Government Operations Committee

Every Marylander deserves to get the essential health care they need not just to survive, but to thrive. For transgender Marylanders, that essential health care includes gender-affirming treatments. **The Maryland Center on Economic Policy supports House Bill 283 because it will ensure low-income Marylanders enrolled in Medicaid can access the same types of gender-affirming treatment as those with private insurance.**

Maryland's Medicaid program currently uses outdated standards, developed 20 years ago, to govern decisions about the types of care available to low-income transgender people who rely on Medicaid to pay for their health care. HB 283 would enact updated standards that would allow more types of gender-affirming treatment to be covered through Medicaid. At least 9 other states, including Virginia, and Washington, D.C., already provide more robust care, and the services included in HB 283 are all eligible for federal reimbursement. Given the small number of transgender Marylanders enrolled in Medicaid, any impact on the state's share of Medicaid costs would be very minimal.

Ensuring more people can access gender-affirming care supports improved mental health and could reduce instances of workplace and housing discrimination that transgender people too often face. Because of chronic stress linked to discrimination, people who are transgender are up to three times more likely than the general population to have a mental health or substance use disorderⁱ. That's why major medical associations including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics all consider comprehensive treatment for transgender people to be essential health care.

The 2015 U.S. Transgender Survey showed that transgender Marylanders face much higher levels of poverty and economic instability than others in the stateⁱⁱ:

- 9% of respondents were unemployed at the time of the survey, about double the statewide average at that time, and more than 1 in 5 reported incomes below the federal poverty level.
- 1 in 4 respondents reported experiencing various types of employment discrimination because of their gender identity or expression, such as being fired, not being hired, or being denied a promotion.
- Nearly 1 in 4 respondents also reported experiencing housing discrimination in the past year, such as being evicted or being denied a home or apartment, because of their gender identity or expression. 28% reported experiencing homelessness at some point in their lives.
- 31% refrained from seeing a medical provider due to affordability concerns.

It also found that 29% of respondents experienced at least one negative encounter with a healthcare provider due to being transgender. Unsurprisingly, more than 1 in 5 respondents refrained from seeking medical assistance for fear of mistreatment.

Moreover, research shows that providing gender-affirming care can make a great difference for transgender individuals. Associations with gender-affirming care include^{iiiiiv}:

- A 73% drop in suicidal ideation
- A 60% drop in depression
- Reduction in rates of HIV transmission
- Reduction in rates of drug use and overdose

Ensuring people can afford and received needed health care would be a significant step toward greater health and economic security for transgender Marylanders. **For these reasons, the Maryland Center on Economic Policy respectfully requests the Health and Government Operations Committee to make a favorable report on House Bill 283.**

Equity Impact Analysis: House Bill 283

Bill Summary

HB 283 would require the Maryland Medical Assistance Program to cover gender-affirming treatment for transgender Marylanders. It would also prohibit the program from denying benefits unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the determination.

Background

Maryland's Medicaid program currently uses outdated standards, developed 20 years ago, to govern decisions about the types of care available to low-income transgender people who rely on Medicaid to pay for their health care. Private insurers are generally prohibited from denying coverage for gender-affirming treatment. HB 283 would enact updated standards that would allow more types of gender-affirming treatment to be covered through Medicaid. At least 9 other states, including Virginia and Washington, D.C., already provide more robust care, and the services included in HB 283 are all eligible for federal reimbursement.

Equity Implications

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Health equity means everyone has a fair and accessible opportunity to attain their highest level of health, especially for those who have been historically excluded from quality care. In Maryland, over half (54%) of transgender adults identify as a person of color.^v Transgender people of color face even more pervasive challenges due to the combined impact of anti-transgender bias and racism. One national survey found that^{vi}:

- Black transgender people had an extremely high unemployment rate at 26%, two times the rate of the overall transgender sample and four times the rate of the general population.
- 41% of Black respondents said they had experienced homelessness at some point in their lives, more than five times the rate of the general U.S. population.
- Black transgender people lived in extreme poverty with 34% reporting a household income of less than \$10,000 per year. This is more than twice the rate for transgender people of all races (15%), four times the general Black population rate (9%), and eight times the general U.S. population rate (4%).

Impact

House Bill 283 will likely **improve racial, gender, and economic equity** in Maryland.

ⁱ“Health Insurance Coverage for Gender-affirming Care of Transgender Patients”, 2019. <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>

ⁱⁱ National Center for Transgender Equality, 2015 U.S. Transgender Survey: Maryland State Report. <https://transequality.org/sites/default/files/USTS%20MD%20State%20Report.pdf>

ⁱⁱⁱ Tordoff, D.M., et al. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open*, 5(2). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

^{iv} Padula, W.V., et al. (2016). Societal implications of health insurance coverage for medically necessary services in the U.S. transgender population: A cost-effectiveness analysis. *Journal of General Internal Medicine*, 31(4), 394-401. DOI: [10.1007/s11606-015-3529-6](https://doi.org/10.1007/s11606-015-3529-6)

^v “How Many Adults and Youth Identify as Transgender in the United States?” (2022). <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

^{vi} “New Analysis Shows Startling Levels of Discrimination Against Black Transgender People,” National LGBTQ Task Force. <https://www.thetaskforce.org/new-analysis-shows-startling-levels-of-discrimination-against-black-transgender-people/>