



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

To Madam Chair and Members of the Committee,

My name is Rachel Rene Smith, my pronouns are “they/them” and “she/her.” I am a nonbinary member of Maryland’s vibrant transgender community, and I am also a member of the 1199 SEIU labor union. I and my union urge a **favorable** report on SB119/HB691.

My wife and I are both licensed clinical social workers and have practiced in public health clinics in our state for many years. During this time, we have witnessed inequities in social determinants of health outcomes and in access to gender affirming health care for LGBTQ+ people, especially for Black and Indigenous people and other people of color. Access to Gender Affirming Care, like access to reproductive care, is a human right—and our rights, as well as our bodies, should not be subject to the political caprice of any governing state body. Maryland’s lack of protection for people coming from other states seeking gender affirming care is unsafe, demoralizing, and sends the message to our state’s hard-working families, and to any refugee families that we might host as a sanctuary state, that Maryland is not really a safe sanctuary state, and so it is also not open for business.

I have worked with children and families as a Licensed Clinical Social Worker for about 13 years in the State of Maryland. I have been employed full-time as a Behavioral Health Therapist at a Federally Qualified Public Health Center (FQHC) since 2019. Before that, I worked as a social worker in a children’s center at a world-class hospital in Maryland, where I served children and families in the child psychiatric day hospital and inpatient units for two and a half years. While working at the FQHC and the hospital, I have witnessed the devastating effects of discrimination, bullying, and harassment on LGBTQ+ adults, youth, and their partners, spouses, and families. From mental and behavioral health problems, including suicidality, to negative physical health outcomes, the negative effects of society’s intolerance for, and hostility towards, gender variance is plain to see in the many risk factors facing our transgender and gender expansive youth and adults.

Disclaimer: I am testifying only on behalf of myself, not my former employers. As such, the opinions that I express herein are from my own experience, and do not necessarily reflect the institutional views of the facilities where I was employed.

As a member of the hospital's LGBTQ+ task force, which trained and equipped hospital staff with skills and materials to help them better serve the LGBTQ+ community, I had the pleasure of working with a colleague to collect data for a presentation on psychosocial factors impacting the health and safety of our transgender community. In 2018, a large studies of transgender youth found that one out of three youths reported considering suicide due to societal treatment and family rejection. And one in five transgender individuals have experienced homelessness at some point in their lives and may have limited access to accurate information about gender affirming health care. And it is estimated that 20-40% of the more than 1.6 million homeless youth in America identify as LGBTQ+.

As a health care provider, one of my most pressing concerns remains that transgender people could, at any time in the future, lose their right to access lifesaving gender affirming health care. It is imperative that states like Maryland, that value and treasure their trans and non-binary residents, take steps like passing SB0119/HB691 to protect, in perpetuity, trans people's access life-saving health care. Thank you so much for your time, and please vote YES on SB119/HB691.

In Unity,

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*PS: Thank you, Senator Lam and Delegate Moon, for sponsoring this bill.*

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