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TO: Joint Committee on Health and Human Services
FROM: Mikenzie Dwyer, Public Health & Government Affairs Associate
DATE: April 12, 2023

SUPPORT – LD 1040, An Act to Require Reimbursement for Gender-affirming Care for MaineCare Members

Good afternoon, Senator Baldacci, Representative Meyer and the distinguished members of the Health and Human Services Committee. My name is Mikenzie Dwyer, Public Health and Government Affairs Associate for the Maine Medical Association and I live in Windham. The MMA appreciates the opportunity to submit the following comments in support of LD 1040 which would prohibit MaineCare from discriminating in its reimbursement for medically necessary treatment based on gender identity, gender expression or on the basis that the MaineCare member is transgender and requires that the program cover medically necessary treatment for or related to gender dysphoria.

The Maine Medical Association is Maine’s largest professional association representing over 4,300 current and future physicians from all specialties in all practice settings.

The MMA’s core priorities include protecting, supporting, and advancing the access to and quality of health care for all Maine people. Transgender and nonbinary adults often face additional challenges and barriers to access needed health services and face worse health outcomes in comparison to cisgender individuals. Transgender adults are also [more likely](#) to be uninured, report poor health, have lower household incomes, and have barriers to care due cost.

In 2019, Maine began covering medically necessary care for transgender Mainers by removing an exclusion affecting gender transition care. MaineCare rules currently state: “Physicians and rendering providers will be reimbursed for providing MaineCare covered services to treat a member with gender dysphoria, as prescribed by a physician or other referring medical professional. Coverage for surgical services related to gender dysphoria will require a prior authorization...” This bill would ensure individuals have access to this care without fear of discrimination by putting this protection in statute.

Gender dysphoria is a medical diagnosis that involves feelings of distress due to a strong, pervasive desire to be another gender. According to the [American Psychiatric Association](#) the clinical guidelines for gender dysphoria diagnosis are as follows:

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The DSM-5-TR defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

To meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced/expressed gender and assigned gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion):

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
- In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender.
- A strong preference for playmates of the other gender
- In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
- A strong dislike of one's sexual anatomy.
- A strong desire for the physical sex characteristics that match one's experienced gender.

As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. Treatments related to gender dysphoria include mental health counseling, gender-affirming hormone therapy, gender-affirming surgeries and non-medical social transition.

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Transgender individuals have a [statistically significant increase](#) in prevalence for mental health issues. Compared to the general population, transgender individuals with a gender incongruence were about [6 times as likely](#) to have a mood or anxiety disorder health care visit and more than 6 times as likely to have been hospitalized after a suicide attempt. Several recent studies have found that gender-affirming medical interventions were associated with lower odds of depression and suicidality.

Protecting access to care by reducing barriers such as discrimination is essential to ensuring public health and improving health outcomes. LD 1040 would further our efforts to expand access to health care in the state of Maine and caring for our people.

Thank you for your time and attention on this issue. We are happy to answer any questions the committee may have.

Sincerely,
Mikenzie Dwyer
(mdwyer@mainemed.com)

Studies on the mental health outcomes of gender-affirming care

[Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care](#)

Diana M Tordoff 1, Jonathon W Wanta 2, Arin Collin 3, Cesalie Stepney 4, David J Inwards-Breland 5, Kym Ahrens 6

Affiliations expand.

PMID: 35212746 PMID: PMC8881768 DOI: 10.1001/jamanetworkopen.2022.0978

[Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth.](#)

Green AE, DeChants JP, Price MN, Davis CK.

J Adolesc Health. 2022 Apr;70(4):643-649. doi: 10.1016/j.jadohealth.2021.10.036. Epub 2021 Dec 14.

PMID: 34920935

[Association Between Gender-Affirming Surgeries and Mental Health Outcomes](#)

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JAMA Surg. 2021;156(7):611-618. doi:10.1001/jamasurg.2021.0952

[Gender-affirming Care Saves Lives](#)

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Columbia University

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