

Support SB 738  
February 25, 2020

Support SB 738 Health Care Providers and Health Benefit Plans - Discrimination in Provision  
of Services Paisley Grahl

Thank you for your time today, I am writing in support of SB 738 Health Care Providers and Health Benefit Plans - Discrimination in Provision of Services. I have been on life saving hormone replacement therapy(HRT) as a transgender person since 2013. I was assigned female at birth and have been prescribed the hormone, testosterone, to suppress the excess estrogen produced by my ovaries. This treatment has been essential to maintain my physical and mental health by regulating my endocrine system. Unfortunately, myself and many others have been refused treatment or denied coverage for being transgender and our health suffers because of this. According to the 2015 US Transgender Survey, 25% of Maryland respondents reported problems with their insurance related to being transgender like being denied for routine care or gender transition related care. Due to my transgender status I have been denied emergency care, antibiotic treatments, and most frequently my hormone therapy. Over the years I have learned how to advocate for my medical needs, but my access to healthcare and medication is significantly delayed during this process of appealing denials related to my transgender status.

I was originally prescribed injectable testosterone but this method caused too much fluctuation between the doses. After trying alternative doses and formulations, my doctor and I concluded that a daily topical testosterone is required to keep my hormone levels stable in a safe and healthy range. A Prior Authorization is required for my insurance to cover testosterone. When prescribed an injectable testosterone, it took up to a week for my insurance and doctor to agree on the medical necessity and approve my coverage. Since switching to a topical testosterone, my prescription gets denied automatically despite my medical and pharmacy records showing I've needed and used this medication for years. In theory, this should be easily resolved by my doctor and insurance communicating about my medical needs as a trans person assigned female at birth that uses HRT. I need testosterone in my body to maintain my health and I need to get it into my body via topical application for it to work efficiently. However, appealing the denial for topical testosterone frequently takes at least 4 or 5 weeks, leaving me without enough medication to keep my hormone levels in a healthy range. Typically, my doctor appeals the initial denial and I will get approved for injectable testosterone instead of the topical version I require. My doctor appeals this and despite just recently being approved for injectable testosterone, I get denied for topical testosterone on the basis of it not being medically necessary for me as someone assigned female at birth. The denial and appeal process escalates until my doctor and the CVS Medical Director collaborate to get my medication approved. This entire process is repeated every time my prior authorization needs to be renewed. It is exhausting and unhealthy for transgender people to continually face these barriers to access healthcare so I urge you to vote in support of SB 738.