



Queer/Trans Collective for
Research on Equity & Wellness



RESEARCH AND POLICY BRIEF

Health Insurance and Access to Care for Trans People in Maryland

Findings from the 2023 Maryland Trans Survey

Tica Torres, Zakary A. Clements, M V. Pease, M. Paz Galupo
June 2025

The **Maryland Trans Survey** is a community-based research project conducted by **Trans Maryland** and the **Queer/Trans Collective for Research on Equity and Wellness** examining experiences of trans¹ people in the State of Maryland in areas such as health and healthcare, employment and economic wellbeing, and legal and policy experiences. To date, this **is the largest survey of trans people in the State**, with 750 trans people representing all 23 counties in Maryland and Baltimore City.

Data were collected from June to December 2023 through in-person and online community outreach.² The project was approved by Towson University's Institutional Review Board (Protocol #1897) and used Trans Research Informed Consent (TRICON) Disclosures³ to provide trans community members with additional transparency on the project, recognizing long histories of harmful practices in trans research from scientific institutions.

Trans individuals in Maryland face significant insurance barriers that impede their access to necessary healthcare services. These barriers are similar (but in some ways distinct) to those encountered by other marginalized populations and have broader implications across various service lines. Addressing these issues is crucial for ensuring equitable healthcare access for all.⁴ Some examples of barriers include:

- Excessive healthcare costs and issues with insurance coverage
- Gendered services (e.g., reproductive care) excluding trans people
- Discrimination and insufficient provider knowledge regarding trans health

¹ "Trans" is used in this report as an umbrella term for people with gender diverse experiences or gender identities different from their sex assigned at birth, including but not limited to binary identities (e.g., women, men), nonbinary identities (e.g., nonbinary, genderqueer), and people without gender (e.g., agender).

² It is important to acknowledge that this survey method generally limited participation to people who had access to the internet, could respond to an English survey, and were in some ways connected to people, groups, or organizations who were aware of the survey; as such, trans people who are not represented in our sample may be expected to have worse outcomes than those described in this report due to experiences of further marginalization.

³ Winters, K., D'orsay, A. E., Sirenu, V., & Con, AR (2022). *Transgender Research Informed Consent (TRICON) disclosure policy: 2022 update*. International Transgender Health Forum.
<https://transpolicyreform.wordpress.com/2022/10/08/transgender-research-informed-consent-tricon-disclosure-policy-2022-update/>

⁴ Transgender Response Team. (2022, September). *Gender-affirming care and services for transgender and nonbinary Marylanders*.
https://trtnetwork.weebly.com/uploads/7/3/7/6/73764281/gender_affirming_care_for_marylanders_final.pdf

To further explore these concerns, this brief contains information from the survey related to **experiences of trans people with health insurance**⁵ to help advocates, policymakers, and community-serving entities better understand and support the current needs of trans people in Maryland.

HEALTHCARE INSURANCE COVERAGE

Approximately **5.6%** of respondents did not report having insurance; this may be due to barriers outside of healthcare, such as housing insecurity, unemployment, lack of social support, and other issues not directly related to healthcare services. For those who did have coverage, the data on trans Marylanders' health insurance coverage can be categorized into **private insurance** and **state/federal plans** (note that participants could select all that applied):

Private Insurance

- 36.9% had insurance through their employer
- 32.5% had insurance through their parent
- 8.4% had insurance through their partner or spouse
- 2.5% had insurance through the Health Insurance Marketplace
- 1.1% had insurance that they purchased directly from a company
- 0.8% had another type of insurance or coverage plan

State and Federal Plans

- 11.1% had insurance through Maryland Health Connections
- 10.3% had Medicaid
- 1.5% had TRICARE or military healthcare and 1.3% had enrolled in Veterans Affairs healthcare at some point
- 1.3% had Medicare

The insurance demographics for trans Marylanders in this study were generally similar to data available on the broader Maryland population.⁶ That said, it is again important to emphasize that there may be sampling bias in this study toward trans people with greater privilege,² which could lead to underestimates of trans people who were uninsured or had Medicaid.

Consequently, trans individuals not represented in our sample may experience worse outcomes than those described in this report due to further marginalization. Therefore, it is crucial to continue studies that actively include the experiences of the

⁵ Note: some statistics may not add to 100% due to respondents declining to answer; other statistics may add above 100% where participants were permitted to select more than one response.

⁶ Kaiser Family Foundation [KFF]. (2023). Health insurance coverage of the total population, multiple sources of coverage. [https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-multiple-sources-of-coverage/?dataView=0¤tTimeframe=0&selectedRows={"states":{"maryland":{}}}&sortModel={"colId":"Location","sort":"asc"}](https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-multiple-sources-of-coverage/?dataView=0¤tTimeframe=0&selectedRows={)

most marginalized trans community members to ensure comprehensive and inclusive data. Addressing the barriers encountered by trans Marylanders with both state and commercial insurance plans can lead to solutions that benefit everyone. These insights can be instrumental in developing guidelines applicable to all state-funded healthcare policies, ensuring equitable access and improved healthcare outcomes for all Marylanders.

DISCRIMINATION AND HEALTHCARE ACCESS

Trans patients face significant barriers to receiving nondiscriminatory healthcare, often resulting in delayed or avoided medical care. In our sample:

- 78.8% worried about being negatively judged because of their identity when seeking healthcare
- 40.0% had postponed or not tried to get check-ups or other preventative care due to discrimination concerns
- 31.6% had delayed or not tried to get treatment when they needed it due to concerns about gender-related discrimination
- 9.6% had experienced a provider refusing to treat them because of their trans identity

This corroborates the broader scientific literature, which has consistently found that many trans people experience discrimination, stigma, and a lack of provider knowledge, which contribute to poorer health outcomes.⁷ This can be especially true for trans people who experience further, intersecting forms of marginalization (e.g., racism, classism) which further hinder their access to quality healthcare.⁸

BARRIERS TO SURGERY

In our sample, among participants who were interested in gender affirming surgery, **85.2%** have experienced at least one barrier accessing it. Notably, data from the 2015 U.S. Trans Survey⁹ found that 55% of those who sought coverage for transition-related surgery in the past year were denied and 25% of those who sought coverage for hormones in the past year were denied.¹⁰ In our data:

⁷ Drabish, K., & Theeke, L. A. (2021). Health Impact of Stigma, Discrimination, Prejudice, and Bias Experienced by Trans People: A Systematic Review of Quantitative Studies. *Issues in Mental Health Nursing*, 43(2), 111–118. <https://doi.org/10.1080/01612840.2021.1961330>

⁸ Heward-Belle, S., Ciftci, S. & Lovell, R. (2025). Analysing the scientific literature on transgender and gender diverse persons' experiences with sexual and reproductive health care services from an intersectional perspective. *International Journal of Equity & Health*, 24(12). <https://doi.org/10.1186/s12939-024-02328-8>

⁹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Trans Survey. National Center for Trans Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

¹⁰ As of writing, data on denials has not been publicly reported from the 2022 U.S. Trans Survey

Healthcare System Barriers

- 30.4% reported health insurance coverage issues
- 24.6% reported long surgery waitlists
- 22.7% reported challenges obtaining surgery referral letters
- 11.9% reported challenges with a clinician requiring they lose weight
- 11.4% reported experiences of medical trauma as a barrier to care¹¹

Additional Financial and Social Support Barriers

- 52.1% reported financial concerns broadly
- 21.9% reported difficulty getting needed time off work
- 20.7% reported unsupportive parents as a barrier to accessing surgery
- 17.6% reported lack of post-surgery support
- 11.3% reported transportation issues
- 8.6% reported housing security concerns

Addressing these issues requires a concerted effort to educate healthcare providers, implement inclusive policies, and ensure that trans patients receive the respectful and affirming care they deserve.

RECOMMENDATIONS

We have ample data on the health disparities affecting trans individuals and the factors contributing to poor health outcomes. Insurance-based barriers and denials of care alongside additional layers of hurdles in the healthcare system are common experiences for trans people in Maryland. The healthcare professionals who could drive meaningful changes in these outcomes are not receiving the necessary education and skill-building opportunities within their training to provide gender-affirming care.

Maryland has made great progress in recent years in advancing access to gender-affirming care, including through Maryland's Trans Health Equity Act (THEA), which went into effect January 1, 2024 and requires the state's Medicaid program to comprehensively cover all medically necessary gender-affirming services,¹² including services that were not previously covered. Maryland can continue to build on this progress through the recommendations below.

¹¹ Medical trauma covers a variety of adverse experiences in healthcare systems that trans people face, such as verbal harassment or misgendering (e.g., being called by the wrong name or pronouns, or being subjected to derogatory comments by healthcare providers), invasive questioning (e.g., being asked inappropriate or medically irrelevant questions about their gender identity or transition), assault (e.g., experiencing physical violence or rough handling during medical examinations or procedures), or forced detransition (e.g., being pressured to stop hormone therapy or other gender-affirming treatments by healthcare providers)

¹² As provided in the Trans Health Equity Act, this includes but is not limited to hormone therapy and lab testing, voice surgery, therapy and lessons, hair removal and transplants, fertility preservation services, facial surgery, top surgery, gender affirming surgery, preventative care after transition, and revision or reversal of prior gender-affirming procedures

1. Increase Funding for Gender-Affirming Care

- Allocate state funds to provide affordable gender-affirming surgeries and treatments, including filling gaps due to potential Federal funding cuts.
- Provide grants to healthcare providers to offer free or low-cost gender-affirming care.
- Provide targeted support and funding to enable electrologists and other non-traditional providers to enroll in Medicaid.
- Increase reimbursement rates for gender-affirming care services to increase provider participation, including for electrolysis and genital surgeries.
- Ensure all state buy-in programs (i.e. Qualified Medicare Beneficiary (QMB), Employed Individuals with Disabilities (EID), etc.) or any private supplemental plans cover any costs not covered under federal legislation ensuring access to care for dual eligible individuals with Medicare as their primary insurance.

2. Build Robust Network of Trained and Educated Providers

- Require evidence-based cultural competency training for healthcare providers and insurers that is developed with trans community members to ensure staff are providing access to trans-inclusive healthcare services (e.g., California's Senate Bill 923 of 2022).¹³
- Develop continuing education programs focused on gender-affirming care.
- Establish a Professional Certificate Program by partnering with experts in gender-affirming healthcare, local teaching hospitals, and training centers to create a program that imparts essential knowledge and skills related to gender-affirming care.
- Establish policies to incentivize electrolysis providers accepting Medicaid.
- Offer Continuing Medical Education (CME) or Continuing Nursing Education (CNE) credits, along with a Certificate of Excellence that is renewable on a defined schedule to promote ongoing professional development.
- Ensure collaboration with multiple agencies, bureaus, and offices within the Maryland Department of Health for comprehensive implementation.
- Explore developing a comprehensive and regularly-updated directory of gender-affirming services while protecting privacy of providers and seekers of care.
- Collaborate with the community to identify and compile resources, ensuring the directory is regularly updated and accessible.
- Identify and list in-network providers who offer and have provided gender-affirming care.
- Convene a working group that includes representatives from various departments, TGI-serving organizations, residents who identify as TGI, and healthcare providers to develop quality standards for patient experience and recommend training curricula for trans-inclusive healthcare.

¹³ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923

3. Improve Insurance Coverage Policies

- Require all insurance companies to cover all medically necessary gender-affirming treatments.
- Simplify the process for obtaining referral letters and reduce surgery waitlists.
- Establish clear, consistent processes across MCOs and downstream vendors rooted in THEA guidance, including clarifying the number of letters required for surgery and ensuring coverage of medically necessary pre-surgical CT scans, hormone formulations, and medical supplies.
- Create clear messaging to members on denials and appeals rights.

4. Strengthening Anti-Discrimination Protections

- Enforce strict penalties for healthcare providers who refuse to treat trans patients.
- Implement policies to ensure nondiscriminatory practices in all healthcare settings.

5. Expand Access to Social Support Services

- Increase funding for support groups and counseling services for trans individuals.
- Provide resources for post-surgery care and recovery support.
- Establish inclusionary guidelines that ensure trans people experiencing additional barriers that intersectional identities (i.e., trans people of color, living with a disability, with lower income, housing or food insecurity, etc.).

6. Implement Trans Care Navigators

- Require each Medicaid managed care plan to make care navigators available to support trans individuals who need care.
- Invest in training care navigators who can be employed by plans or providers, ensuring they have knowledge of affirming, trained providers.
- Pursue a coverage mandate for trans care navigators in the individual and small group market regulated by the state.
- Require MCOs to have dedicated staff to address trans/GAC issues and make the Trans Care Navigator role reimbursable by Medicaid to help drive standardization across plans and serve as a resource for members and providers.

8. Establish and Support an Expert Network

- Create a network of trans individuals with professional and/or lived experience in navigating care.

- Convene quarterly meetings to exchange updates on research, policy, and best practices.
- Foster the growth of emerging trans-led and trans-serving community-based organizations.

10. Build Networks and Conduct Outreach

- Conduct outreach to providers (e.g., electrologists, medical tattoo artists, voice therapists) who already offer GAC services but don't participate in Medicaid.
- Encourage/requiring MCOs to use single case agreements with out-of-state providers (e.g., DC, VA, PA), including for surgeries.

CONCLUSION

Addressing these barriers requires comprehensive policy solutions that ensure equitable access to healthcare for trans individuals. By implementing these recommendations, Maryland can create a more inclusive and supportive healthcare environment. This will not only improve health outcomes for trans individuals but also set a precedent for other states to follow. Ensuring that healthcare providers are adequately trained, that insurance policies are inclusive, and that support systems are in place will help to dismantle the systemic barriers faced by trans individuals.

Implementing the Trans Health Equity Act (THEA) will address many of these barriers for trans people using Medicaid, such as increasing funding for gender-affirming care, enhancing provider training and education, and improving insurance coverage policies. Establishing clear, consistent processes across managed care organizations (MCOs) and building robust provider networks are essential steps. Additionally, preserving and expanding access to gender-affirming care services, even in the face of potential funding reductions, is crucial.

Ultimately, these efforts will contribute to a more equitable and just healthcare system for all marginalized populations. By leading the nation in ensuring comprehensive, accessible, and affirming healthcare for trans individuals, Maryland can set a powerful example for other states to follow.

ACKNOWLEDGEMENTS

The team expresses its gratitude to the community leaders and volunteers who supported the development and dissemination of the survey, with particular thanks to M. Son Taylor, Lead Researcher and Research Coordinator on the Maryland Trans Survey from 2021 to 2024, Principal Community Consultant Lee Blinder, Community Panelists Isaiah Lawrence, Jamie Grace Alexander, and Jhané, and Research Panelists Chloe Goldbach and Louis Lindley. The team acknowledges Amelie Bedard, Jocelyn Guyer, Charlotte Persephone Hoffman, Alex Nowalk, Emma Rutan, and Bryant Torres for support in reviewing this brief. The team further acknowledges financial support awarded to M. Paz Galupo from the University System of Maryland Wilson H. Elkins Professorship (2021-2023) and the Audre Lorde Distinguished Professorship (2023-present) at Washington University in St. Louis. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the funder.

ABOUT THE TEAM

The Queer/Trans Collective for Research on Equity & Wellness (QT-CREW) conducts community-based research to ensure that the lived experiences of queer, trans, and QT-BIPOC (Black, Indigenous, People of Color) are reflected in the scientific literature and to create knowledge designed to improve their lives and well-being. qt-crew.org

Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. By trans folks, for trans folks. transmaryland.org

SUGGESTED CITATION

Torres, T., Clements, Z. A., Pease, M. V., & Galupo, M. P. (2025, June). *Health insurance and access to care for trans people in Maryland*. Trans Maryland.