Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

August 25, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Heather Bagnall
Chair, House Health Committee
241 House Office Bldg.
Annapolis, MD 21401-1991

RE: HB 283/SB 460 (Ch. 253/252 of the Acts of 2023) - Geographic Access to Gender-Affirming Treatment in the Maryland Medical Assistance Program Annual Report (MSAR # 14693)

Dear Chairs Beidle and Bagnall:

Pursuant to HB 283/SB 460, *Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*, (Chapters 253 and 252 of the Acts of 2023), mandated that the Maryland Medical Assistance Program expand coverage of medically necessary gender-affirming treatments effective January 1, 2024. These treatments include hormone therapy, surgeries, voice modification, hair alterations, and fertility preservation.

The bill also requires managed care organizations to submit annual reports on health care providers offering these services, which the Maryland Department of Health must compile and publish. This report represents the second iteration of an ongoing effort to assess and define network adequacy standards for gender-affirming care. MDH requested that MCOs provide data on their networks of providers that offer gender-affirming services.

If further information on this subject is needed, please contact Meghan Lynch, Director of Government Affairs, at meghan.lynch@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary

cc: Perrie Briskin, Deputy Secretary, Health Care Financing and Medicaid
Rayva Virginkar, Deputy Director, Office of Health Care Financing
Monchel Pridget, Acting Director, Office of Medical Benefits Management
Sarah Albert, Department of Legislative Services (5 copies)

Geographic Access to Gender-Affirming Treatment in the Maryland Medical Assistance Program

2025 Report

SB 460, Ch. 252/HB 283, Ch. 253 of the Acts of 2023

Maryland Department of Health

August 2026

Executive Summary

House Bill (HB) 283/Senate Bill (SB) 460, *Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*, (Chapters 252 and 253 of the Acts of 2023), mandated that the Maryland Medical Assistance Program expand coverage of medically necessary gender-affirming treatments effective January 1, 2024. These treatments include hormone therapy, surgeries, voice modification, hair alterations, and fertility preservation. The bill also requires managed care organizations (MCOs) to submit annual reports on health care providers offering these services, subject to those providers consenting to be identified, which the Maryland Department of Health (MDH) must compile and publish.

There are nine MCOs contracted with the Maryland HealthChoice program:

- Aetna Better Health of Maryland (ABH),
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP),
- Jai Medical Systems, Inc. (JMS),
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS),
- Maryland Physicians Care (MPC),
- MedStar Family Choice, Inc. (MSFC),
- Priority Partners (PPMCO),
- UnitedHealthcare (UHC), and
- Wellpoint Maryland (WPM).

This report compiles information about geographic access to gender-affirming care (GAC) across the state in compliance with legislative requirements.

The Department developed a list of provider types to assist with this reporting, using submissions from MCOs from the 2024 report, along with guidance from the Lead Medical Director in MDH's Clinical Transformation Unit (CTU).

As of November 3, 2025, the MCOs reported having 3,993 providers representing 11 specialty types that offer gender-affirming care services in their networks. In response to MDH's requests for network information, and in compliance with the legislation's requirement to publish information on GAC providers in the state, MCOs identified 471 providers who consented to sharing their practice locations, specialties, phone numbers, and the languages spoken at their practices. These providers were a mix of primary care providers and specialists.[1]

Changing policy landscapes could result in broad limitations to people accessing medically necessary gender-affirming care. For example, a proposed rule by the Centers for Medicare and Medicaid Services, *Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children*[2], would

[1] See Table 1 for a list of the provider types.
[2] https://www.federalregister.gov/documents/2025/12/19/2025-23464/medicaid-program-prohibition-on-federal-medicaid-and-childrens-health-insurance-program-funding-for

prohibit federal Medicaid and CHIP funding for gender-affirming care for individuals under age 18. As a result, the full fiscal responsibility for reimbursing these services would shift to Maryland under the Trans Health Equity Act (THEA). The rule, if promulgated, could also reduce providers' willingness to participate in Medicaid or to continue providing gender-affirming care to adults. Additionally, similar to other healthcare services in Maryland, individuals in rural counties may rely on service delivery in contiguous states to receive gender-affirming care without traveling considerable distances. MDH's compiled network reporting noted that some MCOs serving Marylanders statewide shared provider information for neighboring states such as Delaware, the District of Columbia, Pennsylvania, Virginia, and West Virginia.

Methodology

On a quarterly basis, MDH requires MCOs to submit data regarding the adequacy of their provider networks, in accordance with COMAR 10.67.05.05[3]. In response to THEA, beginning with the second quarter of 2024 (April to June), MDH introduced a reporting requirement for MCOs to include information on contracted providers offering GAC.

The MCOs began conducting routine outreach to their network providers to confirm whether they provided GAC and consented to be publicly identified.

Geographic Access by MCO

This report will outline the results of the annual gender-affirming care provider data from the MCOs. This data was submitted by all nine HealthChoice MCOs on November 3, 2025.

To identify the locations of providers offering GAC, MDH requested that the MCOs provide the following details:

- Address
- City
- State
- Zip Code
- County

For the purposes of this report, MCOs reported 3,993[4] unique providers offering GAC services in 2,339 locations across Maryland and neighboring states. The majority of provider locations are located in suburban counties for all provider types. Rural areas of the state have considerably fewer providers, except for primary care (110).

[3] Access Standards: PCPs and MCO's Provider Network. https://dsd.maryland.gov/regulations/Pages/10.67.05.05.aspx

[4] This total number of providers includes both providers that consented for their names and office locations to be published and those that did not.

Four MCOs (ABH, JMS, MPC, and WPMD) indicated that they contract with providers in the neighboring states and territories of Delaware, the District of Columbia, Pennsylvania, and West Virginia to assure network adequacy for members seeking services in rural counties. The table below shows the number of unique provider locations by region.

Table 1. Gender-Affirming Care Provider Locations by Region Provided by MCOs in CY 2025 (as of November 3 , 2025)

Provider Types	Rural	Suburban	Urban	Out of State
Dietician/Nutrition	-	2	2	-
Emergency Medicine	1	1	1	-
Fertility & Gynecology	59	271	88	29
Gender-Affirming Hormone Therapy	3	20	21	6
Hair Removal	12	50	19	1
Mental Health	9	22	16	8
Other	10	171	81	10
Physical Therapy	1	2	-	1
Primary Care	381	912	221	95
Speech Therapy	-	6	9	2
Surgery	42	142	62	33
Total Locations: 2,339	**518**	**1,599**	**520**	**185**

MDH also requested MCOs provide contact information and websites for the providers rendering GAC services. MDH collected and confirmed the MCOs' data through November 3, 2025. Tables 2 and 3 represent the number of providers by service and the total number of providers by MCO, respectively. Please note for Table 2 that if an MCO associated a provider with more than one provider type because of the services provided, the provider was counted in each category.

Table 2. Number of Unique Providers by Gender-Affirming Care Provider Types Legislated by HB 283

Provider Types	Number of Individual Providers
Dietician/Nutrition	5
Emergency Medicine	3
Fertility & Gynecology	737

Gender-Affirming Hormone Therapy	59
Hair Removal	114
Mental Health	50
Other	379
Physical Therapy	4
Primary Care	2,428
Speech Therapy	8
Surgery	308
Total	**4,095**

Based on the MCOs reported data, the majority of providers rendering GAC identify as primary care providers (59%) and fertility & gynecology providers (18%). The services with the fewest providers were surgeons for alteration of the face and neck and laser treatment for scars from GAC treatment.

Table 3. Count of Unique Gender Affirming Care Providers by MCO, CY 2025

Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPMD
Dietician/Nutrition	2	4	-	-	-	-	-	-	-
Emergency Medicine	-	-	-	-	-	-	3	-	-
Fertility & Gynecology	6	-	-	5	4	4	19	1	715
Gender-Affirming Hormone Therapy	-	1	3	13	16	9	19	1	-
Hair Removal	-	-	2	1	2	-	5	-	109
Mental Health	3	-	-	13	-	4	-	6	24
Other	1	4	2	3	11	4	8	1	353
Physical Therapy	-	-	-	-	-	4	-	-	-
Primary Care	70	131	14	9	1	4	265	24	1,940

Speech Therapy	-	-	-	-	5	-	7	1	-
Surgery	-	1	17	11	10	3	15	3	277
Total	**82**	**141**	**38**	**55**	**49**	**32**	**341**	**37**	**3,418**

* If an MCO associated a provider with more than one provider type because of the services provided, the provider was counted in each category.

The table above shows the number of unique providers contracted by each MCO. Providers may be counted more than once across MCOs for a specialty, as there are some specialists contracted by more than one MCO*. This is especially the case as several providers offer more than one category of service and are counted in each specialty group.

Conclusion

The Department is evaluating the potential financial and medical implications of recently proposed federal regulations[5]. These proposed regulations would preclude State Medicaid and Children's Health Insurance Program (CHIP) plans from remitting payments to hospitals for "sex-rejecting procedures" for individuals under the age of 18 (Medicaid) and 19 (CHIP). As a consequence, Federal Medicaid and CHIP funds would be prohibited from use for these procedures for those under the specified ages.

MDH will continue to monitor and report on GAC providers and explore options to promote network expansion, such as defining travel standards, requiring contracts for provider types with smaller numbers of providers available, and intervening to require MCOs to contract with out-of-network providers through single case agreements if existing networks are inadequate. MDH is also collaborating with other states implementing GAC to share resources and information for promoting access to care for individuals who are transgender, nonbinary, intersex, two-spirited, and other gender diverse identities.

[5]Federal Register :: Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children