Queer/Trans Collective for Research on Equity & Wellness

QT-CREW

TRANS MARYLAND

# RESEARCH AND POLICY BRIEF

## Hormone Care Is Healthcare: Addressing Access Gaps for Trans People in Maryland

**Findings from the 2023 Maryland Trans Survey**

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The **Maryland Trans Survey** is a community-based research project conducted by **Trans Maryland**. The **Queer/Trans Collective for Research on Equity and Wellness** examining experiences of trans[1] people in the State of Maryland in areas such as health and healthcare, employment and economic well-being, and legal and policy experiences. To date, **it 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 Transgender Research Informed Consent (TRICON) Disclosures[3] to provide trans community members with additional transparency on the project, recognizing long histories of harmful practices in trans research from scientific institutions.

Transgender and nonbinary people face disproportionately high rates of depression and suicidality compared to their cisgender and heterosexual peers (Rastogi et al., 2025). Trans youth are **2 to 2.5 times more likely** to report depressive symptoms and attempt suicide than cisgender LGBQ youth (Price-Feeney et al., 2020). These elevations and mental health risks stem from societal rejection, stigma, and discrimination, not from their identities. One study also found a direct correlation between anti-trans laws and a **72% increase in suicide attempts** among trans youth (Lee et al., 2024). Mental health struggles among trans adults mirror the experiences of youth. According to the 2022 U.S. Transgender Survey, **78% of respondents considered suicide** and **40% attempted suicide** at some point (Rastogi et al., 2025). These laws can include legislation that restricts access to gender-affirming

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[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/

care (GAC), including gender-affirming hormone treatment. While recent actions by the Trump administration have sought to restrict access to GAC by limiting the use of Federal funds, there have been no changes to Federal or Maryland state laws regarding GAC as of writing. Individuals in Maryland, including those covered by Medicaid, can still access gender-affirming care.[4]

Gender-affirming care refers to a range of supportive services tailored to the needs of trans individuals. These services can include medical care, surgical procedures, mental health treatment, and non-medical forms of assistance. Gender-affirming hormone therapy is one aspect of gender-affirming care. It typically involves the administration of testosterone for individuals assigned female at birth and estrogen for individuals assigned male at birth. Gender-affirming healthcare, especially hormone therapy, has been shown to dramatically improve mental health outcomes, including lower rates of depression and suicidality (Green et al., 2022). To ensure trans Marylanders receive the care they need and deserve, it is essential to consider their experiences in relation to their access and use of gender-affirming hormones.

This brief presents project data related to **Gender-Affirming Hormone Treatment**[5] for the purpose of helping advocates, policymakers, and community-serving entities to better understand and support the current needs of trans people in Maryland.

## ACCESSING GENDER-AFFIRMING HORMONE TREATMENT IN MARYLAND

Although most trans Marylanders have accessed affirming hormone treatment, a significant portion still face unmet needs or rely on unsafe sources. Among respondents, **60.1% had taken hormones for trans-related purposes**, while **13.1% had not but hoped to in the future**.

- 54.9% of trans Marylanders were currently taking hormones
- 94.9% receive hormones only through licensed professionals
- 3.4% receive hormones through licensed and non-licensed sources (e.g., friends, online)
- 1.5% receive hormones only through non-licensed sources

Relying on unlicensed sources could be related to barriers to hormone care, like deficits in the healthcare system. For example, **52.5% of respondents did not have a trans-related healthcare provider** or were unsure how much their provider understood trans healthcare. In addition, many lacked even basic access to healthcare.

- 20.1% of trans Marylanders had no regular place to seek health advice
- 32.5% reported not having a personal doctor

[4] Readers are directed to follow Trans Maryland and other trusted community sources to keep up to date with changes in Federal and State policy

[5] Note that statistics may not appear to add to 100% due to small percentages of respondents declining to answer. Others may appear to add above 100% in cases where participants were permitted to select more than one.

- 78.8% of respondents reported being worried about being negatively judged because of gender identity or sexual orientation when seeking healthcare.
- 9.6% had a healthcare provider refuse to treat them because they are trans.

Another barrier to consider is insurance-related complications for gender-affirming hormone treatment. About one-quarter of trans people in the US Transgender Survey reported having issues with their insurance company in the past year. Reasons included being denied coverage for hormone therapy or general gender-specific health care because they were trans (e.g., prostate exam for a trans woman or a pap smear for a trans man). These barriers to care are not distributed equally. Trans people of color and disabled trans people face higher rates of difficulty accessing hormone therapy, which might reflect broader inequities within the healthcare system.[6] Trans people of color in Maryland were more likely than white respondents to report difficulty accessing gender-affirming hormone treatment. Additionally, disabled respondents were more likely to report being unable to find providers or afford care.

Trans people in Maryland face unacceptable barriers to accessing gender-affirming hormone treatment, from a lack of knowledgeable providers to direct discrimination in care settings. These barriers push trans people to seek out riskier methods like non-prescribed hormone treatment. Using non-prescribed hormones may result in significant health risks due to the lack of medical monitoring and appropriate dosing (Olansky et al., 2024). Risks include blood clots, heart attacks, strokes, hormonal imbalances, high blood pressure, and an increased risk of cancer. To meet the needs of trans Marylanders and ensure their safety, Maryland must invest in trans-informed healthcare training, insurance support, and enforce anti-discrimination protections within the healthcare system. Gender-affirming hormone treatment is not a luxury; it is essential and life-saving healthcare.

## RECOMMENDATIONS

To ensure that all trans people in Maryland have equitable access to gender-affirming hormone treatment, the following actions are recommended. While these recommendations are designed for implementation at the state level, their impact may be influenced by ongoing Federal efforts to restrict gender-affirming care. Advocates and policymakers outside of Maryland and working at the national level are encouraged to consider ways to protect access to hormone care for all.

### Expand & Implement Trans-Affirming Training

- Fund and require healthcare professionals to complete training on gender-affirming care and trans-specific needs. This is especially critical in primary

[6] For more information on healthcare barriers in the Maryland Trans Survey sample, see 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. https://doi.org/10.13016/efdd-wgvs

care and mental health settings to ensure trans people receive appropriate care for both trans related issues and general health needs.
- Expand provider training on gender-affirming hormone therapy through state-supported continuing educational initiatives.

### Reduce Infrastructure Barriers

- Eliminate unnecessary and individually burdensome prerequisites, such as letters from mental health providers. This delays care and creates systemic barriers for trans people. For requirements that cannot be removed (e.g., insurance clearances), providing trans-sensitive liaisons to support individuals and help navigate these systems.
- Mandate that both public and private insurers in Maryland cover gender-affirming hormone treatment without exclusions, prior authorizations delays, or restrictive coding practices. This includes ensuring full implementation of the Trans Health Equity Act and enforcing insurance nondiscrimination policies.

### Fund Community-Based Care Navigation

- Invest in trusted, trans-led organizations to provide care navigation, peer support, and educational outreach, especially in underserved areas with limited healthcare access.

### Create a Centralized, Public Provider Directory

- Develop and regularly update a searchable, public directory of trans-affirming healthcare providers. The directory should also include information related to insurance, location, and care models used by the provider. Information contained within the directory as well as access to the directory should prioritize privacy and safety of providers and patients to the extent practicable.

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## 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

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## REFERENCES


Green, A. E., DeChants, J. P., Price-Feeney, M., & Davis, C. K. (2022). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health*, *70*(4), 643-649. https://doi.org/10.1016/j.jadohealth.2021.10.036

Lee, W. Y., Hobbs, J. N., Hobaica, S., DeChants, J. P., Price-Feeney, M., & Nath, R. (2024). State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA. *Nature Human Behaviour, 8*(11), 2096-2106. https://doi.org/10.1038/s41562-024-01979-5

Olansky, E., Lee, K., Handanagić, S., Trujillo, L., Barak, N., Brady, K. A., … & Wortley, P. (2024). Nonprescription hormone use among transgender women—national HIV behavioral surveillance among transgender women, seven urban areas, United States, 20192020. *MMWR Supplements, 73*(1), 34-39. https://doi.org/10.15585/mmwr.su7301a4

Price-Feeney, M., Green, A. E., & Dorison, S. H. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, *66*(6), 684-690. https://doi.org/10.1016/j.jadohealth.2019.11.314

Rastogi, A., Menard, L., Miller, G. H., Cole, W., Laurison, D., Caballero, J. R., Murano-Kinney, S., & Heng-Lehtinen, R. (2025, June). *Health and wellbeing: A report of the 2022 U.S. Transgender Survey*. Advocates for Transgender Equality. https://transequality.org/sites/default/files/2025-06/USTS_2022Health%26WellbeingReport_WEB.pdf