

TO: The Honorable Vanessa E. Atterbeary, Chair  
House Ways and Means Committee

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We urge an unfavorable report on **HB 359– Education - Interscholastic and Intramural Junior Varsity and Varsity Teams and Sports – Designation Based on Sex (Save Women’s Sports Act)**. Although each of us is on faculty with the Johns Hopkins University School of

Medicine, the views expressed here are our own and do not necessarily reflect the policies or positions of Johns Hopkins University & Medicine.

This bill would prohibit transgender youth from participating in scholastic and intramural athletic programs aligned with their gender identity by requiring that participation in sports be determined on the basis of “biological sex” existing at the time of birth. Further, the bill would provide individuals with the ability to bring a civil action against the school they attend if they are “deprived of an athletic opportunity” or “suffer any direct or indirect harm” should a school violate the law by allowing a transgender youth to participate in sports aligned with their gender identity. A student would also be able to bring a civil action should they suffer retaliation for reporting a violation of the act.

Since 2017, the Johns Hopkins Center for Transgender and Gender Expansive Health (JHCTH), a multidisciplinary service line within Johns Hopkins Medicine, has offered comprehensive evidence-based, gender-affirming providing care across the lifespan to include pediatric, adolescent and young adult transgender and gender-expansive (TGD) people. Evidence-based science and best practices are the foundation of our work. Our missions of providing gender-affirming care and reducing the health inequities faced by TGD people embody our core values of diversity, inclusion, leadership, excellence and integrity.

The National Youth Sports Strategy has a vision for youth sports wherein all youth have the opportunity and access to play sports without discrimination. In 2020, The Presidential Council on Sports, Fitness & Nutrition Science Board reported that there are numerous benefits to youth from being able to participate in sports. Mental, emotional, and social health benefits such as lower rates of anxiety and depression, reduced suicidality, reduced rates of substance abuse and risky behaviors, and increased life satisfaction are seen among youth who play sports. The physical health benefits from sports participation include increased fitness, improved weight status, increased quality of life, and lifelong physical activity. Participating in sports is associated with improved life skills, improved educational and occupational skills, higher levels of academic achievement and educational achievement (college attendance and graduation).

However, bills such as this would preclude transgender youth from these benefits by perpetuating stigma and exclusion and fostering discrimination. In Healthy People 2020, the U. S. Office of Disease Prevention and Health Promotion stated that the social determinants negatively impacting LGBT health are largely related to oppression and discrimination. The lack of social programs appropriate for LGBT youth and the inability to access recreational facilities and activities contribute to health disparities. GLSEN research has shown that LGBTQ students, including TGD ones, regularly experience hostile school climates that inhibit participation in sports. Transgender students were markedly less likely to participate in either interscholastic or intramural sports than cisgender students. The Center for American Progress (CAP) reports that multiple surveys show that transgender youth report worse mental health, including increased depression and suicidality than cisgender peers; transgender youth experience bullying, harassment and rejection by peers within an environment of transgender sports bans that legitimize and enhance the discrimination; and that where there are accepting and inclusive sports policies, the risk of poor mental health and suicidality decreases. Transgender athletes who were able to play sports reported higher levels of psychological well-being and lesser psychological distress or suicidality than transgender youth who did not play sports.

While there is clear, consistent evidence of the harm being done to transgender youth from societal stigma, discrimination, exclusion, and lack of support/affirmation of gender identity, there is no evidence to support the rationales used to justify enacting bans on transgender youth from playing sports. According to the Centers for Disease Control and Prevention, fifteen states and Washington, D.C., currently have trans-inclusive state athletic association guidance, and years of open participation by transgender students in those places have produced no evidence of purported harms to cisgender youth. Furthermore, in states with inclusive policies, high school girls' participation in sports remained unchanged from 2011 to 2019 or increased in California and Connecticut by almost 14 percent. In states with exclusive policies, girls' participation has decreased.

The rationales used to justify these discriminatory policies relay on cisheteronormative bias, stereotypes, fear mongering, and unsupported claims of a blanket unfair competitive advantage based on physiology. The claim that allowing transgender girls to play sports deprives cisgender girls of opportunity or collegiate athletic scholarships has no basis in fact. The claim that, universally, transgender girls and young women have physiological differences that amount to unfair competitive advantage is not supported by the available scientific evidence and fails to account for the physiological differences within cisgender girls and young women.

We recognize the depth and breadth of evidence that documents the very real harms and risks to health and well-being that anti-TGD discriminatory policies foster. Our enterprise also recognizes the lack of evidence used to justify prohibiting transgender youth from participating in sports. In balancing real known harm being experienced by TGD girls and young women from discrimination against hypotheticals alleging factually-unsupported negative impact on cisgender girls and young women, we believe that public policy that impacts health and well-being should be guided by evidence and best practices.

For these reasons, we urge the Ways and Means Committee to issue an **unfavorable report on HB 359**.