

We conducted a qualitative analysis of all the written testimony for two bills on Gender-Affirmative Care (GAC) submitted in 2022: HB0746/SB0682 in Maryland (which sought to increase access to GAC), and HB0454 in Ohio (which sought to decrease access to GAC) to determine what subjects witnesses focused on and how often. Then, we reviewed and summarized the relevant academic literature on most subjects we identified. These are the findings on eight of our top subjects.

Overall	Pro	Anti
1 st 84.7%	1 st 88.2%	4 th 76.7%
2 nd 70.4%	4 th 70.6%	5 th 70.0%
3 rd 59.2%	3 rd 79.4%	11 th 13.3%
4 th 58.2%	2 nd 83.3%	18 th 0.0%
5 th 44.9%	8 th 26.5%	2 nd 86.7%
6 th 42.9%	5 th 57.4%	13 th 10.0%
8 th 32.7%	13 th 10.3%	3 rd 83.3%
9 th 31.6%	14 th 5.9%	1 st 90.0%

Effects of Gender-Affirmative Care on Mental & Physical Health

Overall, the current academic literature on Gender-Affirmative Care (GAC) shows that: (1) GAC has very positive effects on the mental health of transgender people and successfully alleviates their gender dysphoria; (2) GAC has few or no negative effects on physical health; and (3) any side effects that do exist are typically offset by an overall higher quality of life.

Modern Medical Standards for Gender-Affirmative Care

The World Professional Organization for Transgender Health (WPATH) Standards of Care (SoC) for the Health of Transgender and Gender Diverse People have been subject to rigorous peer review and widely used as the medical standards of care for transgender people for decades.

Alleged Purpose(s) of Medicaid (Ex: Medical Necessity & Bodily Autonomy)

GAC is medically-necessary healthcare because: (1) it is administered for the treatment of gender dysphoria or gender incongruence pursuant to the ICD-11; (2) it is administered consistent with the WPATH SoC; and (3) transgender patients who pursue GAC are assessed by medical professionals who meet the requirements set out by the WPATH SoC.

Cost & Similar Barriers to Gender-Affirmative Care

Transgender people are often unable to access GAC due to: (1) costs, (2) lack of available providers, (3) lack of provider training, and (4) discrimination by providers.

Satisfaction, Regret, & Reversibility of Gender-Affirmative Care

Overall, the current literature shows that: (1) not all forms of GAC are irreversible, and (2) that transgender people are generally satisfied with the GAC they receive. To the extent that GAC causes sterility, transgender people can still achieve reproduction by pursuing fertility cryopreservation before beginning GAC.

Minority Stress & Effects of Gender-Affirmative Care on How Trans People Are Treated in Society

GAC is also important to alleviate the minority stress faced by transgender people as a highly stigmatized and discriminated minority, which can have a significant impact on other areas of their life such as reducing their risk of suicide and increasing their overall well-being.

Whether Being Trans is an Intrinsic Quality

While transgender identity was historically regarded as a mental disease or defect, this is now out-of-date with current practice which regards transgender identity as an intrinsic quality, due in part to several factors: (1) the historic failure of Gender Identity Change Efforts (GICE); (2) the growing body of literature suggesting a biological basis for gender identity; and (3) the World Health Organization (WHO) now classifying gender dysphoria as a physical condition by recognizing that affirming transgender conceptions of one’s body is what leads to the best health outcomes for transgender people.

Capability of Trans Youth to Provide Informed Consent

Medical intervention is not recommended under the WPATH SoC until adolescence (i.e., the beginning of puberty) and is only recommended for adolescents who—along with their parents or guardians—are able to demonstrate to a medical professional that they are capable of providing informed consent. Current academic literature also demonstrates that transgender adolescents are capable of providing informed consent to receive GAC.

Our full report—with all sections, citations, and recommendations—is available in the Witness List for HB0283 (2023) on the Maryland General Assembly website. Contact Riley Grace Roshong at rileygraceroshong@gmail.com for consultation or media inquiries.