

SB0460

Brian Caine

Position: Unfavorable

Today I am writing to express my opposition to Senate Bill 460.

Senate Bill 460 intends to extend medical assistance coverage to "gender affirming treatments" that are deemed "medically necessary" in a "nondiscriminatory manner".

I object to it on the basis that it labels anything that could be related to gender "medically necessary", it is inherently discriminatory, and it makes several vulnerable groups targets of an unscrupulous medical industry at the expense of their wellbeing.

1. Anything related to gender is "medically necessary"

The proposed bill radically labels any whim of a transgender individual as "medically necessary gender affirming care".

At the very least, it specifically lays out hair removal, voice therapy, chest/ab procedures (usually breast implants and targeted liposuction, "ab sculpting"), buttocks (so "brazilian butt lifts" should be covered) and voice training.

The bill includes a provision that these procedures cannot be denied on the basis that they're cosmetic.

The bill also includes a provision that the burden of proof is on the state to establish that something isn't medically necessary.

The state can only challenge a procedure on the advice of a clinician with experience prescribing such procedures.

This means access to these procedures is entirely up to the whim of individuals financially and professionally invested in the very lucrative gender affirming medical industry. Any growth is beneficial to them.

Let's be honest: none of these are medically necessary. We all know this. I think the sponsors realize this. It's silly to claim that they are necessary. Talk to your neighbors, your friends and your family, they'll agree.

For example, no one in Maryland thinks breast implants are medically necessary solely on the basis of the psychological distress over having small breasts.

That's ridiculous and frankly, it's offensive on basic feminist principles.

2. This proposal is inherently discriminatory

The bill includes an interesting loophole that I don't believe the sponsors considered.

The criteria for qualifying for these procedures is that they be related to a condition related to an individual's gender identity. This casts far wider of a net than I think the sponsors probably intended.

The thing to keep in mind is, it's not only trans individuals who experience distress with their gender identity. In this bill, non-binary individuals, two-spirit and other "gender diverse individuals" are included by name.

But what about cis women? Women and girls have crises of femininity too. If we all have a gender identity, then probably the most common psychological conditions relating to gender identity occur in cis women. Cis women can feel they aren't womanly enough or feminine enough. Teenaged girls develop eating disorders over their body image in the context of a gender identity as a girl attaining womanhood.

In order to be internally consistent, this law would need to extend coverage for breast implants and butt lifts to cis women who do not feel fulfilled in their gender identity too.

I'm proud to say that Maryland has a very good track record with broad equal rights policies. We take that seriously here. So if we're extending medical coverage on the basis of gender identity issues to one demographic, there will absolutely be lawsuits if we do not extend that to anyone who has gender identity issues, including girls with self image issues.

And you can't say they don't have a point. A woman is having a crisis of femininity because of her small breast. Legally and ethically, does it matter if she's cis or trans?

I suspect that the sponsors did not intend this coverage to be interpreted that way, but either way, I don't think this would be very popular with your average Marylander.

3. Medical industry preying on vulnerable people; "the money"

In 2021, the US sex reassignment surgery market was valued at \$1.9 billion in 2021 and is expected to expand at a rate of 11.23% from 2022 to 2030 to \$4.9 billion.

And this doesn't even cover most of the procedures proposed in this bill.

Ultimately, the medical industry is, well, an industry. Their goal is to profit. On its own, that should be fine, as long as there are checks and balances from other involved parties.

Insurance companies or state insurance programs are the big counterweight. In their drive to save money, they try to challenge proposed treatments as "not medically necessary". As mentioned above though, this proposed bill will completely neuter the state's ability to challenge any of these treatments.

Unfortunately it will be the most vulnerable Marylanders who suffer from this.

3.1 Children

As an example, children are extremely valuable patients to the gender treatment industry.

Children with gender identity issues, if they avoid medicalization, they usually desist from any trans identities naturally, around 86% of the time.

However, when confused children are given puberty blockers (guaranteed by this bill) and then led into a cross-sex hormone regimen rarely detransition. There's a significant "sunk cost" mindset going on here, where they feel that all the adults (who are supposed to be trusted) have been telling them something about them for their whole life. How can children be expected to challenge adults on such a serious topic?

More than 90% of trans surgeries are double mastectomies (breast removal) performed on teenage girls.

Often male children go on to be castrated, right around their 18th birthday, and at which point, they are unable to produce their own hormones. Without lifelong hormone treatments, they will lose bone density and develop osteoporosis.

Every time this happens, the medical industry gets a new patient for life.

It is clearly not in the medical industry's financial interest to question any of these narratives. As long as the cultural zeitgeist keeps presenting trans identity as a solution to very normal adolescent problems, parents will keep bringing kids into gender clinics, and the gender clinics will keep wanting to "explore the child's identity" with puberty blockers. Cha-ching!

European countries, when presented with the evidence against this, have been quickly rolling back their adolescent gender programs, declaring many of them operational failures. Case in point: Finland.

Only the US continues at this breakneck speed, and that's entirely because of the commercialized medical industry here.

In fact, Johns Hopkins University sent out an email to all its staff gleefully promoting this bill. They were like sharks with blood in the water.

There's a very good Daily Caller article on their public stance:

<https://dailycaller.com/2023/02/15/johns-hopkins-medicare-transgender-cosmetic-surgeries/>

3.2 Intersex children

This is a strange one, because the proposed bill seems to misunderstand what intersex is. Intersex is not an identity, but it's a set of generally unrelated medical issues that affect sex development.

The modern term is DSD (disorder/difference of sexual development).

All DSDs are sex specific. Everyone with a DSD is either male or female with a kind of hormonal or chromosomal issue.

They do not generally have gender identity issues more often than the general population.

However, they are still aggressively targeted by the medical industry for unnecessary procedures.

DSD advocacy organizations almost universally argue that children with DSDs deserve a say in their medical treatments. Historically, many doctors tried to "correct" DSD-related genital conditions and often left them with horrible scarring and poor genital function.

The doctors are coming from a good place. They want to get the surgeries over with while the child is an infant and there are less complications. However surgery was (and still is) crude and had serious side effects on sexual function, among other issues.

DSD advocates now suggest that all medical/surgical corrections be restricted solely to medically necessary ones. Cosmetic procedures should be put off until the child is old enough to participate in the consent process about their body.

On the other hand, not all doctors are very scrupulous in this area.

There's all kinds of procedures, medical implants and drugs they can sell to well-meaning, but overwhelmed parents of children with DSDs "for the greater good" or "so they don't have to grow up with shame".

In the past, this included clitoridectomies for girls with atypical genitalia. Nowadays, this can include testicular implants for infants.

Times change, but the greed of the medical industry seems to be growing. And in this case, at the expense of children with DSDs.

Please don't hand them the keys to the castle.

4. Finally

Ultimately, this is a very sketchy bill. It really only serves to enrich the medical industry, using public money, at the expense of the mental and physical wellbeing of Marylanders.