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March 28, 2023

SB 460 - OPPOSE

Maryland Medical Assistance Program – Gender–Affirming Treatment (Trans Health Equity Act)

Dear Chair Pena-Melnyk, Vice-Chair Cullison, and Members of the Health and Government Operations Committee,

A recent study https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full followed 139 boys with a mean age of 7.49 and a standard deviation of 2.66 who were diagnosed as experiencing gender dysphoria (GD). 88 (63.3%) boys met complete DSM criteria for GD in childhood, 51 (36.7%) boys were subthreshold for a DSM diagnosis. The follow-up assessment mean age was 20.58 with standard deviation of 5.22 (six patients declined the follow-up which yielded a participation rate of 95.9%.). Of the 88 participants who met the full diagnostic criteria for GD in childhood, 12 (13.6%) were classified as persisters and the remaining 76 (86.4%) were not. Of the 51 participants who were subthreshold for the GD diagnosis in childhood, 5 (9.8%) were classified as persisters and the remaining 46 (90.2%) were not.

Among the components of “gender affirmation” the American Academy of Pediatrics (AAP) names social transition, puberty blockers, sex hormones, and surgeries. The low rate of persistence of GD into adulthood implies that sex focused hormones and surgery on young people will result in a high rate of subsequent regret. Yet the World Professional Association of Transgender Health (WPATH) recently dropped their age restrictions on such surgery. Members on the WPATH committee who worked on the current Standard of Care (SOC) Report document have significant conflict of interests (COIs). They receive income based on recommendations in the guidelines, work at clinics or universities who receive funds from advocacy groups, foundations, or pharmaceutical companies who heavily favour a certain treatment paradigm, or have received grants and published papers or research in transgender care. Some of them have affiliations with the same university–the University of Minnesota Program in Sexuality, which is primarily funded by a transgender advocacy organization, the Tawani Foundation.

According to the British Medical Journal article “Gender dysphoria in young people is rising—and so is professional disagreement” [BMJ 2023; 380 doi: https://doi.org/10.1136/bmj.p382 (Published 23 February 2023)] Sweden’s National Board of Health and Welfare, which sets guidelines for care, determined last year that the risks of puberty blockers and treatment with hormones “currently outweigh the possible benefits” for minors. Finland’s Council for Choices in Health Care, a monitoring agency for the country’s public health services, issued similar guidelines, calling for psychosocial support as the first line treatment. (Both countries restrict surgery to adults.) Medical societies in France, Australia, and New Zealand have also leant away from early medicalisation. And NHS England, which is in the midst of an independent review of gender identity services, recently said that there was “scarce and inconclusive evidence to support clinical decision making” for minors with gender dysphoria and that for most who present before puberty it will be a “transient phase,” requiring clinicians to focus on psychological support and to be “mindful” even of the risks of social transition.

Sweden conducted systematic reviews in 2015 and 2022 and found the evidence on hormonal treatment in adolescents “insufficient and inconclusive.” The UK’s National Institute for Health and Care Excellence, which looked at puberty blockers and hormones for adolescents in 2021. “That review found the evidence to be inconclusive, and there have been no significant primary studies published since.” As the number of young people receiving medical transition treatments rises, so have the voices of those who call themselves “detransitioners” or “retransitioners,” some of whom claim that early treatment caused preventable harm. Large scale, long term research is lacking and researchers disagree about how to measure the phenomenon, but two recent studies suggest that as many as 20-30% of patients may discontinue hormone treatment within a few years. Yet the World Professional Association for Transgender Health (WPATH) asserts that detransition is “rare.”

At the 2017 USPATH/WPATH conference, activists protested, and were allowed to shut down, a session with Dr. Kenneth Zucker, who endorsed a cautious approach to treating children with gender dysphoria. Rather than engaging with different viewpoints, WPATH agreed to cancel Dr. Zucker (who was on the WPATH SOC committee) and apologize on their website for inviting him. WPATH thus limited discussion and engaging with presenters to appease activists. That approach is the antithesis to a professional organization that relies on evidence-based inquiry. The overall message in the WPATH guidelines is to urge physicians to follow the patient’s wishes only, putting aside rational skepticism and ethical delivery of care. We should instead be conducting more quality

clinical research and setting guidelines that we can be confident do good while also avoiding harm. This proposed legislation is at best premature and should be rejected.

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