

**SB119\_AMD\_FAV\_2.15.24.pdf**

Uploaded by: Alice Wilkerson

Position: FAV



**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

Advance Maryland is submitting this testimony in strong support of SB119, which would add gender-affirming care to the definition of 'legally protected healthcare' in Maryland.

At Advance Maryland, we work towards a Maryland with thriving, healthy and inclusive communities where all Marylanders have access to opportunity, including safe and affordable housing; economic prosperity; quality healthcare; reliable transportation; a restorative justice system; and a livable future. AMD supports HB456 because it would increase student voice in appropriate decisions, allowing local school systems to build a better, more equitable, learning environment.

Last year, we supported the passage of the Reproductive Health Protection Act, which shielded abortion care from out-of-state litigation. Unfortunately, the exclusion of gender-affirming care from the bill left gaping holes in the shield for abortion care and left gender-affirming care entirely unprotected.

By passing SB119, we will protect gender-affirming care providers, patients, and support networks, strengthen the shield for abortion care as well.

Other states are trying to criminalize the care that we provide in Maryland. Twenty-three states have bans on gender-affirming care in place or have proposed bans this year. One such state has already attempted to get information on a patient who sought gender-affirming care in Washington.

The danger to our providers, patients, and support networks is very real. Although Governor Moore did sign an executive order protecting gender-affirming care last year, only SB119 can truly ensure that this life-saving care remains accessible here in Maryland. We must join the eleven other states (and the District of Columbia) who have affirmed their treatment to accessible care with strong shielding laws.

We cannot allow other states to dictate the type of medical care we provide here in Maryland.

For all these reasons, we strongly urge the committee to give SB119 a favorable report.

Sincerely,  
Alice Wilkerson  
Executive Director, Advance Maryland

# **Maryland SB119 Testimony \_ RHAP.pdf**

Uploaded by: Amelia Cecchetto

Position: FAV



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**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

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Philadelphia Action Center, Inc.*

Susan Sommer, JD  
*Experience Justice*

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

The Reproductive Health Access Project (RHAP) trains, supports, and mobilizes primary care clinicians to ensure equitable access to sexual and reproductive health care, including abortion. By centering communities most impacted by barriers to care, RHAP fills critical gaps in clinical education and care delivery. The Reproductive Health Access Network, a program of RHAP, pulls together over 7,800 primary care clinicians from all 50 states, Washington D.C., Puerto Rico, and Canada to come together virtually and in-person to engage in advocacy, clinical training, and peer support. RHAP's Mid-Atlantic Cluster (Maryland and D.C.) has over 150 primary care clinicians who work at the state and local levels to provide, protect, and expand access to comprehensive sexual and reproductive health care, including gender-affirming care. SB 119 will allow our clinicians to provide live-saving gender-affirming care to patients across the state without the threat of extradition, investigation, or discipline.

RHAP is submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

Our organization has been involved in legislative actions in Maryland, and we recently co-sponsored the reproductive rights package that was signed in 2023. Our clinicians understand the importance of gender-affirming care as an essential component of the full range of sexual and reproductive health care services, which is why this care must be included in the definition of “legally protected healthcare” in Maryland.

The rise in attacks on transgender individuals and bans on gender-affirming care across states further demonstrates the urgency of this issue. Gender-affirming care is widely recognized as





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Susan Sommer, JD  
*Experience Justice*

medically necessary by leading medical institutions including the American Medical Association, the American Psychiatric Association and the American Academy of Pediatrics. This is life-saving care. Maryland must continue to be a safe haven for transgender people and protect the clinicians who provide and patients who seek gender-affirming care.

**We respectfully urge this committee to return a favorable report on SB119.**

Sincerely,

Amelia Cecchetto  
Manager of Communications  
Reproductive Health Access Project

**WirtzLiu\_SB0119\_14Feb2024.pdf**

Uploaded by: Andrea Wirtz

Position: FAV

Testimony in favor of:  
SB0119 Legally Protected Health Care - Gender-Affirming Treatment  
Submitted by:  
Andrea Wirtz Liu  
Baltimore County

February 14, 2024

My name is Andrea Wirtz Liu. I am a Maryland state citizen and resident from Baltimore County. I am an epidemiologist and Associate Professor in the Bloomberg School of Public Health at Johns Hopkins University. I lead several epidemiologic research studies that focus on the health and well-being of transgender and gender diverse people. I submit this testimony representing myself- the views expressed by me do not necessarily reflect the views of the Johns Hopkins University and these opinions are my own. I am writing in favor of *SB0119 Legally Protected Health Care - Gender-Affirming Treatment* based on my expertise in the field of public health research and human rights.

*Gender affirming treatment is necessary healthcare.* Every major medical professional organization, including (but not limited to) the American Psychological Association, American Academy of Pediatrics, and the American Medical Association, recognize that gender affirming treatment is medically necessary to support people in affirming their gender identity.<sup>1,2</sup> Gender-affirming treatment helps transgender and gender-diverse people live openly as their authentic selves and live safe and healthy lives. As with other medical decisions, decisions to undergo gender affirming treatment are made through consultation between patients, multidisciplinary healthcare providers, and parents (as relevant to the patient's age) and follow the standards of care laid out by the World Professional Association of Transgender Health (WPATH).<sup>3</sup> The WPATH Standards of Care, which has been available since 1979, are developed based on the best available multidisciplinary science and expert professional consensus in transgender health.<sup>3</sup> Research from clinical settings and population surveys have provided evidence in support of gender affirming treatment. An analysis of data from a clinical cohort of patients receiving gender affirming treatment (including gender affirming hormonal therapies and gender affirming surgeries) between 1972 to 2015 demonstrated reductions in gender dysphoria as well as low rates of regret following surgery.<sup>4</sup> Retrospective surveys of adolescent and young adult patients who underwent gender affirming surgeries also observed reductions gender dysphoria and low regret among patients.<sup>5</sup>

*Gender affirming treatment is also associated with reductions in mental and physical health outcomes in transgender and gender diverse people who seek it.* A nationwide survey of 11,914 transgender and gender diverse youth aged 13 to 24 years in the US found that youth who reported use of gender affirming hormone therapy were more than 25% less likely to experience recent depression and were significantly less likely to report suicidal ideation compared to those who wanted hormone therapy but did not receive it.<sup>6</sup> Similar observations have been reported among adults. In a national survey of 288 transgender adults, participants had a greater odds of non-suicidal injury, suicide intention, and attempted suicide before initiating the gender affirmation process compared to after initiating gender affirming treatment.<sup>7</sup> That study found that gender affirming medical procedures and gender affirming hormone therapy were associated with lower depression and anxiety and lower symptoms of stress.<sup>7</sup> In a prospective cohort of transgender women in eastern and southern US (including Maryland), which I lead, we found that seeking gender affirming treatment in the past

12 months was associated reduced a 60% reduced risk of HIV seroconversion and an 80% reduced risk of premature death among participants.<sup>8</sup> Our more recent analysis of data from this cohort also found that among transgender women who were living with HIV, those who were currently receiving gender-affirming hormones had 43% higher prevalence of HIV viral suppression, compared to those without gender-affirming hormone therapy (achieving viral suppression both improves health outcomes among people living with HIV as well as prevents transmission to partners).<sup>9</sup> While the mechanisms by which gender affirming treatment affects other health outcomes are unclear – they may work through biopsychosocial processes (i.e., affect mental health, which then affects physical health) and/or may work through increased engagement with healthcare providers – there is a clear relationship between gender affirming treatment and multiple health outcomes.

*Recognizing gender-affirming treatment as legally protected health care ensures that the right to health is protected for all Maryland residents.* The right to health is generally understood as the availability and access of all residents to the highest attainable standard of care in a particular setting.<sup>10</sup> In the United States and globally, gender affirming treatment is recognized as an evidence-based standard of care.<sup>3</sup> As Maryland has moved to protect the right to highest attainable standard of care in reproductive health and taken steps to protect coverage for gender affirming treatment,<sup>11</sup> this bill represents an important opportunity to protect and ensure right to health for transgender and gender diverse residents. Conversely, recent legislation in other states that have restricted access to or provision of gender affirming treatment, not only restricts medically necessary care that should be left to the decision of the patient, parent/guardian(s) (as applicable) and medical team but also impacts perceptions of safety for people living in those states. In our ongoing nationwide cohort, which has enrolled 972 transgender women to-date, 40% of participants reported feeling unsafe in their state due to the current legislative environment.<sup>12</sup> Sixty-percent reported that they had considered moving out of state due to legislation that affects transgender people and another 3% had already moved in the past 6 months.<sup>12</sup>

Protecting access to gender-affirming treatment promotes the health and wellbeing of transgender and gender diverse people. Further, it recognizes the inherent dignity and humanity of all Marylanders, respects their right to autonomy and self-determination, and demonstrates the state's commitment to equality. *It is for these reasons that I support SB0119 Legally Protected Health Care - Gender-Affirming Treatment.* Passing this legislation is necessary to protect the right to health for Maryland residents and achieve Maryland's public health goals.

Thank you for your consideration.



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Catonsville, MD 21228  
andrea.wirtz6@gmail.com

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9. Cooney E, Reisner S, Wirtz AL. HIV Care Continuum among Transgender Women Living with HIV in Eastern and Southern US in 2018-20. *Contium Conference*. Feb 2024;(Abstract)
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12. Wirtz A, Cooney E, Reisner S, et al. ENCORE Cohort preliminary results. (*unpublished*). March 2024;

**SB 119\_PJC\_Favorable\_HGO.pdf**

Uploaded by: Ashley Black

Position: FAV



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**SB 119**  
**Legally Protected Health Care – Gender Affirming Treatment**  
**Hearing of the House Health & Government Operations Committee**  
**February 15, 2024**  
**1:00 PM**

**FAVORABLE**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. The **PJC stands in strong support of SB 119**, which would include gender-affirming care under the definition of “legally protected healthcare” in Maryland, thus protecting those seeking, providing, or assisting with gender-affirming care from certain criminal and civil proceedings related to legally protected health care.

**Maryland stands as a safe haven for access to gender affirming care.** Across various races, ages, and socioeconomic statuses, more than 500,000 LGBTQ+ individuals call Maryland home. More than 22,000 of our LGBTQ+ residents identify as transgender. Nationally, the transgender community experiences higher rates of poverty compared to cisgender people.<sup>1</sup> Similarly, Black, Asian and other non-white LGBT people experience higher rates of poverty compared to their cisgender, straight same-race counterparts.<sup>2</sup> Prior to the passage of the Trans Health Equity Act, now law, the lack of access to gender-affirming care left low-income transgender Marylanders vulnerable not only to discrimination in various areas of life, but also vulnerable to violence from individuals and groups that seek to harm them for their gender expression. Shortly after signing the Trans Health

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<sup>1</sup> Badgett, M.V. Lee, *et al.* UCLA School of Law Williams Institute, *LGBT Poverty in the United States* (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>.

<sup>2</sup> *Id.*

Equity Act into law, Governor Moore signed an Executive Order on June 5, 2023 protecting the right to seek gender-affirming care in Maryland.<sup>3</sup>

We thank this committee for passing the Trans Health Equity Act in 2023, which expanded access to gender affirming care, in accordance with current clinical recommendations, for Medicaid beneficiaries. We also thank this Committee for passing the Reproductive Health Protection Act during the same year which protects abortion providers, patients, and support networks from out-of-state litigation for this legally protected health care. However, gender-affirming care was not included under these shielding protections with abortion care.

**While SB 119 would be a simple technically fix, it would extend life and liberty-preserving protections to our transgender community, providers, and supportive individuals from extradition for gender-affirming care received from Maryland providers.** It would also prevent state agencies and law enforcement from complying with out-of-state investigations of legally protected gender-affirming care in Maryland. Finally, it extends the protections from occupational board disciplinary proceedings for licensed or certified individuals over out-of-state complaints for abortion care to gender-affirming care providers.

**No Marylander should be subjected to criminal or civil prosecution for their gender expression.** SB 119 would not only allow our State to continue to stand as a safe haven for transgender communities, but it would also empower our transgender community to thrive without fear of unjust prosecution outside of our State. For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 119**. Thank you for your consideration of our testimony. If you have any questions about this testimony, please contact Ashley Woolard at 410-625-9409 x 224 or [woolarda@publicjustice.org](mailto:woolarda@publicjustice.org).

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<sup>3</sup> Office of Governor Wes Moore and Lt. Governor Aruna Miller, Protecting the Right to Seek Gender-Affirming Treatment in Maryland Order No. 01.01.2023.08 (June 5, 2023), [https://governor.maryland.gov/Lists/ExecutiveOrders/Attachments/11/EO\\_01.01.2023.08\\_accessible.pdf](https://governor.maryland.gov/Lists/ExecutiveOrders/Attachments/11/EO_01.01.2023.08_accessible.pdf).



# **SB 119-UULM-MD-Support-Kari Alperovitz Bichell, MD**

Uploaded by: Ashley Egan

Position: FAV



# Unitarian Universalist Legislative Ministry of Maryland

## Testimony in Support of

### SB 119 Legally Protected Health Care - Gender-Affirming Treatment

TO: Senator Pamela Beidle, Chair and Members of the Finance Committee  
FROM: Kari Alperovitz-Bichell, MD, MPH  
Unitarian Universalist Legislative Ministry of Maryland Health Care  
DATE: February 15, 2024

I am Kari Alperovitz-Bichell, MD representing myself, both as a physician, and as a person of faith speaking on behalf of the Unitarian Universalist Legislative Ministry of Maryland.

We urge you to support SB 119- Legally Protected Health Care - Gender-Affirming Treatment which would protect medical providers, patients, and their support networks from out-of-state investigations and prosecutions related to gender affirming care. Last year the legislature provided these protections to providers of reproductive health care (including abortion) – and we strongly applaud that legislation. However, gender affirming treatment was left out of last year’s legislation. This needs to be addressed now.

As a primary care physician, I have provided both gender affirming treatment and reproductive health care in my practice. On one hand, I am relieved that we now have the protections afforded in last year’s legislation. However, I am quite alarmed that doctors in Seattle, WA, are already being targeted by out-of-state investigators.<sup>1</sup> Doctors ought to be able to focus on providing excellent treatment for every patient. Not worry about whether a patient might have “snuck in” from some other state or that their treatment will put them both at risk for prosecution or financial ruin.

I have seen first hand how gender affirming care can be lifesaving. Untreated patients can be extremely depressed and suffer a high suicide rate. Treatment can alleviate that suffering to an immense degree. Without the protection of shielding laws, I am terrified that the perceived threats from other states could have a chilling effect on provision of needed gender affirming health care services to patients.

But, more fundamentally for me and my fellow Unitarian Universalists, I am called by the first principle of my faith to affirm the inherent worth and dignity of every human being. Our faith recognizes a universal human need for safe and dignified health care, a need that does not stop at state lines.

Therefore, we at UULM-MD urge you to vote yes on SB 119, to include gender affirming care as “legally protected healthcare” in Maryland.

*Kari Alperovitz-Bichell, MD, MPH*

**UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,**

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<https://www.usatoday.com/story/news/nation/2023/12/23/texas-seeks-residents-gender-care-records-from-seattle-childrens/72021017007/>

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# **Senate Testimony.pdf**

Uploaded by: Audrey Gross

Position: FAV

**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Audrey Gross. I am a resident of District 1D. I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

This bill matters to me because I have both personal and professional experience caring for transgender individuals.

My sister is transgender. I assisted in my sister's post-operative recovery experience after she had gender affirming surgery. I have witnessed firsthand how receiving gender affirming care has improved her mental health tremendously. She is extremely satisfied with her results and has no regrets. Had she not received this treatment, I believe she would still be suffering with body dysmorphia and depression that would be negatively affecting her personal and professional life. Gender affirming care for transgender individuals saves lives that could otherwise be lost to depression and suicide. I feel blessed that my sister was able to receive the treatment she needed. Going through this experience together brought us closer as a family. Now my sister is a happy and healthy mother to two beautiful children and a successful economist.

I have also cared for many transgender individuals in need of medical care as a Nurse Practitioner. I think having a provider that respects and understands where they are coming from has made a huge impact on these patients' lives. I felt happy to serve this patient population as a provider and believe they have a right to safe and protected care. Providers should feel legally safe providing necessary medical care to all patients in need, including transgender individuals. Transgender should also feel legally protected when they receive the medical care they need.

**I respectfully urge this committee to return a favorable report on SB119.**

Thank you,

Audrey Gross, DNP, CRNP, AGACNP-BC, FNP-BC

**SB\_0119\_Favorable\_BROOKS.pdf**

Uploaded by: Benjamin Brooks

Position: FAV

**Testimony in Support of SB 0119**  
Legally Protected Health Care – Gender-Affirming Treatment  
Maryland Senate Finance Committee  
February 15, 2024

Benjamin Brooks, JD, MPH  
Associate Director of Policy and Education  
Whitman-Walker Institute

Dear Chair Pamela Beidle and Members of the Committee:

**Thank you for the opportunity to testify in support of Senate Bill 0119.**

I am the Associate Director of Policy and Education of Whitman-Walker Institute, which is the research, policy, and education arm of Whitman-Walker Health, a Federally Qualified Community Health Center based in Washington, DC.

Whitman-Walker Health (WWH) is a community-based, nonprofit health care center offering health care and health and wellness-related services to residents of the greater Washington, DC metropolitan area, including the nearby Maryland counties. We offer primary medical care and HIV specialty care; gender-affirming care; mental health and addiction treatment services; dental care; medical adherence case management; testing and prevention services for HIV and sexually transmitted infections; and legal services. We serve around 20,000 patients per year from across the Washington metropolitan area, of whom almost 20% come from Maryland. In calendar year 2022, 64% percent of our health care patients and clients who provided their sexual orientation identified as lesbian, gay, bisexual, or otherwise non-heterosexual, and 15% of our patients and clients—more than 2,500 individuals—identified as transgender or gender nonconforming.

Whitman-Walker’s patient population is quite diverse and reflects Whitman-Walker’s commitment to being a health care home for individuals and families that have experienced stigma and discrimination, or have otherwise encountered challenges in obtaining affordable, high-quality health care. Our commitment to high-quality, welcoming, culturally competent care for the LGBT community has made us a “go-to” health center for LGBT people in the surrounding states – not only from Virginia and Maryland, but also from Pennsylvania, West Virginia and Delaware. Many of these patients are unable to find nondiscriminatory, welcoming and competent care in their own communities.

**Expert Medical Consensus Supports Access to Gender-Affirming Care**

Gender-affirming care is backed by decades of scientific evidence that show this care is safe, effective, and essential for the health and well-being of transgender people, including youth. Every

major medical association endorses access to gender-affirming care, including the [American Medical Association](#), [American Academy of Pediatrics](#), [Federation of Pediatric Organizations](#), and [American Psychological Association](#). These endorsements reflect expert consensus that gender-affirming care is medically necessary and life-saving.

The substantial body of scientific evidence that demonstrates the physical and mental health benefits of gender-affirming care:

- Receipt of gender-affirming care among young people (aged 13 to 20) was associated with 60% lower odds of depression and 73% lower odds of suicidality.<sup>1</sup>
- Hormone therapy to delay puberty was associated with a positive impact on youth mental health.<sup>2</sup>
- Access to gender-affirming hormone therapy was associated with nearly 40% lower odds of having had a suicide attempt in the past year for transgender and nonbinary youth.<sup>3</sup>
- Gender-affirming surgeries were associated with reduced rates of suicide attempts, anxiety, depression, and symptoms of gender dysphoria along with higher levels of life satisfaction, happiness, and quality of life among transgender adults.<sup>4</sup>

These and many other studies from an extensive body of peer-reviewed research make clear that gender-affirming care is necessary for transgender young people to be healthy, safe, and supported in who they are.

There are well-established, evidence-based expert standards for the treatment of children and adolescents with gender dysphoria. These include clinical standards of care developed by the Endocrine Society, the American Academy of Pediatrics, the World Professional Association for Transgender Health, and the Center of Excellence for Transgender Health at the University of California at San Francisco. Existing standards, which call for an individualized and age-appropriate approach to treatment that carefully assesses the need for gender-affirming care and manages comorbidities, are designed to support the health and well-being of transgender people.

## **Unprecedented Wave of Attacks on Transgender People**

In 2023, nearly 500 bills were introduced in state legislatures attacking the rights of LGBTQ+ people.<sup>5</sup> Of these, more than 120 sought to ban medically necessary care from transgender young

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<sup>1</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

<sup>2</sup> Ramos GGF, Mengai ACS, Daltro CAT, Cutrim PT, Zlotnik E, Beck APA. Systematic Review: Puberty suppression with GnRH analogues in adolescents with gender incongruity. *J Endocrinol Invest*. 2021 Jun;44(6):1151-1158. doi: 10.1007/s40618-020-01449-5. Epub 2020 Oct 28. PMID: 33111215.

<sup>3</sup> Green, Amy E. et al. Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, Volume 70, Issue 4, 643 – 649.

<sup>4</sup> Jaime Swan, Tania M. Phillips, Tait Sanders, Amy B. Mullens, Joseph Debattista & Annette Brömdal (2022) Mental health and quality of life outcomes of gender-affirming surgery: A systematic literature review, *Journal of Gay & Lesbian Mental Health*, DOI: 10.1080/19359705.2021.2016537

<sup>5</sup> American Civil Liberties Union (2023, June 9). *Mapping Attacks on LGBTQ Rights in U.S. State Legislatures*. <https://www.aclu.org/legislative-attacks-on-lgbtq-rights>



people,<sup>5</sup> with at least 17 bans signed into law this year.<sup>6</sup> In states like Florida and Missouri, the law not only prohibits care for transgender youth, but also significantly restricts access to care for transgender adults.<sup>6</sup>

These gender-affirming care bans are part of a coordinated attack from anti-trans extremists who are driving false and dangerous narratives about what gender-affirming care is and who transgender people are. As a direct consequence of this rhetoric, our communities are facing increasing accounts of threats and violence.<sup>7</sup> Those threats have extended to targeting our nation's children's hospitals, health care centers, and medical providers. The bomb threat at Boston Children's adolescent transgender health program was just the first of many similar acts of violence aimed at gender-affirming care clinics and providers across the country.<sup>8</sup> As a result, gender-affirming care clinics are shutting down and providers are being forced to leave their practice. The closure of transgender health programs across the country is a direct consequence of politicians wrongfully interfering in private medical decisions that should be made between patients and their physicians.

We support SB 119 because it protects the rights of Maryland's community of practice to offer life-saving services to transgender residents without fear of extra-jurisdictional attempts to instill fear and create uncertainty.

We appreciate the opportunity to offer our expertise on this important issue. Please let us know if we can be of assistance in any other way.

Respectfully,



Benjamin Brooks, JD, MPH  
Associate Director of Policy and Education  
Whitman-Walker Institute  
1201 Sycamore Ave. SE  
Washington, DC 20032  
[bbrooks@whitman-walker.org](mailto:bbrooks@whitman-walker.org)  
202-797-3557

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<sup>6</sup> Movement Advancement Project (2023, June 20). *Healthcare Laws and Policies: Bans on Best Practice Medical Care for Transgender Youth*. <https://www.lgbtmap.org/img/maps/citations-youth-medical-care-bans.pdf>

<sup>7</sup> Federal Bureau of Investigations. (2021). *Hate Crime in the United States Incident Analysis*. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/hate-crime>

<sup>8</sup> American Academy of Pediatrics. (2022, October 3). *Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence*. <https://www.aap.org/en/news-room/news-releases/aap/2022/leading-health-care-organizations-urge-action-to-protect-physicians-hospitals-patients-and-families-from-violence/>

**Alexa Rodriguez SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



## Senate Bill 119 / House Bill 691 Legally Protected Health Care – Gender–Affirming Treatment Position: **FAV**

Madam Chair and Members of the Committee,

My name is Alexa Rodriguez. I am a Trans Care Navigator at a community health clinic and a member of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the United States. Additionally, I'm the Director of Trans Latinx DMV. Our mission is to advocate for the Trans-Latinx community and strategize ways to improve our community's quality of life in DC, Maryland and Virginia. I, 1199SEIU, and Trans Latinx DMV all support SB119/HB691, and urge the Committee to issue a **favorable** report.

I'm a transgender woman and a care coordinator for gender affirming healthcare (GAC), so SB119/HB691 would protect me on multiple levels. As a Trans Care Navigator, I see a lot of people like me- people living with HIV, trans folks who are immigrants and many of them undocumented<sup>1</sup> – fleeing to Washington DC and Maryland to access gender affirming healthcare that is medically necessary but is under attack in the states they are coming from. I hear so many stories from trans refugees that break my heart.

As trans people, especially Black & Brown transgender women, we are often the victims of violence at the hands of people who hate us because we are transgender. When we are able to get GAC, we are less "noticeably trans" to people who seek to harm us. GAC enables us to move through the world more safely.

Maryland passed the Reproductive Health Protection Act last year to shield abortion care providers, so Maryland can keep the days of hazardous "back alley" abortions behind us. There is "back alley" GAC too, yet GAC providers currently aren't shielded like abortion care providers are. When some trans people can't access GAC, they may turn to the grey market for hormones and silicone injections without the supervision of medical professionals, which can be life threatening. If Maryland doesn't have the shield of SB119/HB691, we may lose GAC providers, forcing vulnerable transgender patients to take matters into their own hands.

SB119/HB691 is so important because it will protect medical providers of GAC and care navigators from penalties imposed by states that seek to criminalize transgender people and our healthcare. Without protections, GAC professionals are risking our livelihoods, and potentially risking jail time, to ensure that transgender people continue to have healthcare. In the trans community in El Salvador, we have a saying "no somos peligrosas, estamos en peligro," meaning, "we are not dangerous, we are in danger." I feel it is appropriate to apply that saying here. GAC providers and navigators are not dangerous, we are in danger. Trans people and the those who care for us need the shield this bill will provide. Our lives are on the line. Vote YES on SB119/HB691.

In Unity,

Alexa Rodriguez  
alexarodriguez44@gmail.com

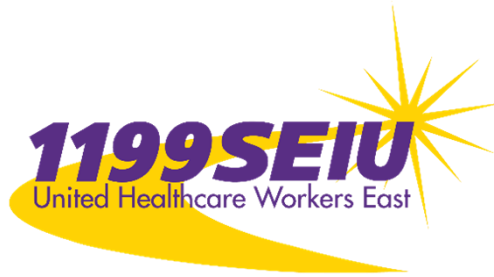
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<sup>1</sup> I am a United States citizen.

**Andrea Speedie SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

To Madam Chair and Members of the Committee,

My name is Andrea Speedie. I'm a Family Medicine Physician, and I've been providing Gender Affirming Care (GAC) for thirteen years. I am also a member of the largest healthcare workers union in the country, 1199SEIU United Healthcare Workers East. SB119/HB691 is essential for protecting healthcare workers like me. I strongly urge a **favorable** report on this bill.

With states like West Virginia, Florida, Texas, and over a dozen others seeking to criminalize healthcare workers for providing GAC in other states, I no longer feel safe as a healthcare provider. At the clinic where I work, I see an influx of patients who live in Pennsylvania and West Virginia commuting to Maryland for GAC. I provide them with the high-quality care they deserve, but it is causing me a lot of stress knowing that I am not legally protected even though I am following the Standard of Care.

It's not necessary for legislatures to "understand" the care that we give, to understand how providing for someone's mental and physical health and offering them a pathway to reconciling their identities, can save their lives. We are the same people you trust with your needs, your children's, your parents'. Trust that the care we provide to transgender people is critical to their wellbeing and long-term health outcomes and that the decisions we make, like all healthcare decisions, are best made between the provider and patient—without interference from states seeking to criminalize and politicize life-saving healthcare.

I'm also concerned that without the shielding protections of SB119/HB691, general practitioners may have to make the impossible decision to either A) continue providing GAC while risking criminal penalties and their medical licenses, or B) cease to provide GAC entirely so they can continue to provide healthcare to their other patients without worry. Legislators, please do not force us to make that choice. Vote YES on SB119/HB691. Thank you.

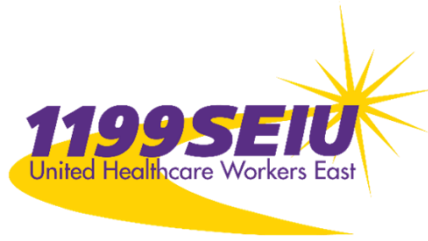
Sincerely,

Dr. Andrea Speedie  
speedieandrea@gmail.com

# **Brige Dumais SB119HB691 Testimony.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

Madam Chair and Members of the Committee,

My name is Brige Dumais (they/them) and I am the Political Coordinator of 1199SEIU United Healthcare Workers East. We represent 10,000 members in Maryland, including members who provide Gender Affirming Healthcare (GAC) at hospitals and clinics. 1199 is a co-leader of the Trans Rights Advocacy Coalition. We urge a **favorable** report on SB119/HB691 to shield GAC patients, providers, and supporters from out-of-state litigation by amending the definition of “legally protected healthcare” to include GAC.

All healthcare sectors in Maryland are experiencing a dire short staffing crisis right now. Many GAC providers are general practitioners who offer a wide range of healthcare services. If these practitioners are penalized for providing GAC, the care workforce will shrink further, putting undue burden on the remaining healthcare workers and potentially impacting quality of care. Therefore, shielding healthcare workers who provide GAC will benefit all Marylanders, not only those who receive this type of care.

Maryland is the southernmost “Trans Sanctuary State” on the East Coast, making us geographically closest to States where GAC is being criminalized. Healthcare workers are reporting an influx of trans patients coming to Maryland from Florida and West Virginia in particular, two states with some of the most regressive GAC bans. As such, Maryland’s GAC providers have a target on their backs. We call upon you, the Legislature, to ensure these healthcare providers have a proper shield. Please vote YES on SB119/HB691. Thank you.

In Unity,

Brige Dumais, they/them  
Political Coordinator, 1199SEIU UHW E., MD/DC  
[brigitte.dumais@1199.org](mailto:brigitte.dumais@1199.org)

# **Claudia Martinez SB119 Testimony.pdf**

Uploaded by: Brige Dumais

Position: FAV





**Senate Bill 119 / House Bill 691**  
Legally Protected Health Care – Gender–Affirming Treatment  
Position: **FAV**

Madam Chair and Members of the Committee,

My name is Claudia Martinez. I'm a Client Services Lead and Trans Care Navigator at a healthcare clinic, and a member of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the country, with over 10,000 members in Maryland and Washington DC. Our union supports SB119 / HB691, and we urge the Committee to issue a **favorable** report. This legislation will protect patients, providers, and support networks of Gender Affirming Healthcare (GAC) in Maryland.

Too many trans people end up dead when we are not living our authentic lives as the gender we truly are. Transgender people are disproportionately targeted with violence and have very high rates of depression and suicide. GAC literally saves lives, which means, we need to protect GAC providers by passing SB119/HB691. Trans people need to continue to get this care, and providers of GAC should not be punished for saving our lives.

If we don't protect healthcare workers, they won't be able to provide care, and that impacts *everyone*. We have a short staffing crisis in healthcare. At clinics like mine, we provide all types of healthcare – not exclusively GAC. So, if GAC providers are being targeted with criminal penalties and we lose those healthcare providers, it creates a domino effect reducing access to other types of care like HIV treatment, preventative care, and more.

I am protected for the work I do because I work in DC, which includes GAC in its shielding law. At my clinic there has been a wave of transgender refugees from Florida coming to our region for GAC. I've heard from trans people and GAC providers that the same trend is happening in Maryland. My peers in Maryland deserve these same protections that DC workers have.

**Please vote YES on SB119/HB691.** Thank you.

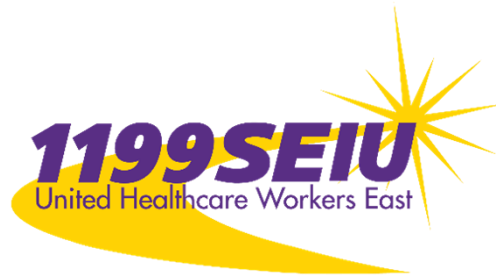
In Unity,

Claudia Martinez  
dmvmartinez@gmail.com

**Dr Elyse Pine SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
Legally Protected Health Care – Gender-Affirming Treatment  
Position: **FAV**

Dear Madam Chair and Members of the Committee,

I am a pediatric endocrinologist and the Trans Youth Lead Physician of the Gender Journeys of Youth Program at Chase Brexton Health Care. Chase Brexton Health Care provides medical and mental health services for over 5,600 transgender and nonbinary people, and I personally care for approximately 600 transgender and nonbinary people.

I support SB119/HB691. I have been providing gender affirming medical care for youth since 2011, and my practice is based on the Standards of Care set forth by the World Professional Association for Transgender Health, or WPATH and the Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. The WPATH Standards of Care v. 8, published in 2022, states “Gender-affirming interventions are based on decades of clinical experience and research; therefore, they are not considered experimental, cosmetic, or for the mere convenience of a patient. They are safe and effective at reducing gender incongruence and gender dysphoria.\*(references below). I have been licensed to practice medicine in the state of Maryland since 2011.

Laws that ban access to gender affirming medical care for minors have been rapidly increasing in the past few years. According to the Williams Institute, 105,200 transgender youth—about one-third of transgender youth in the U.S.—live in the 22 states that banned access to gender-affirming care as of 2023.

Consequently, families in affected states are seeking necessary medical care in states that have medical providers who are legally allowed to provide care. There are three states within a 250-mile radius of Baltimore, MD that have banned transgender care for minors; we have gotten phone calls from families in more distant states as well.

For the provision of healthcare for any patient who resides outside of the state of Maryland, there must be protections in place for the patient, family and physicians.

The fear of privacy violations is not a hypothetical concern. Vanderbilt University Medical Center released private medical records of transgender patients to the Tennessee Attorney General- private health information was not redacted, and records of family members who were not receiving care at the gender clinic were also released. Missouri Attorney General Andrew Bailey cited Missouri’s consumer protection law, known as the Missouri Merchandising Practices Act, to demand access to all electronic health records from patients at the Transgender Center as part of his investigation into the center’s practices.

Texas Attorney General Ken Paxton is seeking medical records from Seattle Children’s Hospital and a telehealth clinic in Georgia for private health information about minors from Texas who received medical

care in Georgia and Washington state. They are using a HIPAA exception for law enforcement for access to records, even though the medical care is legal in the states where it is being provided.

According to a report by the Williams Institute, “the bills carry severe penalties for health care practitioners or other professionals who provide gender-affirming care for minors or refer minors or their families for such care. In 13 states, bills would make it a crime to provide gender-affirming care to minors. Bills in 18 states would subject providers to discipline from state licensing boards, including potential loss of their ability to practice medicine. Bills in 19 states would allow individuals to file civil suits for damages against medical providers who violate these laws, and many extend the statute of limitations to allow a longer time to bring such lawsuits. A few states have proposed bills which would prevent professional liability insurance from covering claims related to the provision of gender-affirming care to minors. Bills in 10 states would additionally prohibit medical practitioners from making referrals to other practitioners for gender-affirming care. Additionally, bills in eight states would make it illegal to “aid and abet” the provision of gender-affirming care. At least one bill would subject mental health providers to reporting requirements on transgender patients.”

Health care systems should ensure ongoing health care, both routine and specialized, is readily accessible and affordable to all citizens on an equitable basis.

Gender-affirming interventions are based on decades of clinical experience and research; therefore, they are not considered experimental. They are safe and effective at reducing gender incongruence and gender dysphoria. A person’s address should not determine their ability to access life-saving care. Physicians providing gender care should not have to fear loss of licensure or criminal penalties for providing care that honors, affirms and supports each patient and family.

I am hopeful for a time when every family can get necessary medical care locally. However, until that time, I am hopeful that Maryland will be a safe place for patients, families and providers to support the transgender community. I urge you to vote in favor of SB119/HB691.

Thank you for your consideration,

Elyse Pine, MD  
Chase Brexton Health Care  
1111 N. Charles Street, Baltimore, MD 21201

[Trans-Legislation-Summary-Oct-2023.pdf \(ucla.edu\)](#)

\* Aires et al., 2020; Aldridge et al., 2020; Al-Tamimi et al., 2019; Balakrishnan et al., 2020; Baker et al., 2021; Bertrand et al., 2017; Buncamper et al., 2016; Claes et al., 2018; Eftekhar Ardebili, 2020; Esmonde et al., 2019; Javier et al., 2022; Lindqvist et al., 2017; Lo Russo et al., 2017; Marinkovic & Newfield, 2017; Mullins et al., 2021; Nobili et al., 2018; Olson-Kennedy, Rosenthal et al., 2018; Özkan et al., 2018; Poudrier et al., 2019; T’Sjoen et al., 2019; van de Grift, Elaut et al., 2018; White Hughto & Reisner, Poteat et al., 2016; Wierckx, van Caenegem et al., 2014; Wolter et al., 2015; Wolter et al., 2018).

[Tennessee hospital faces civil rights investigation over release of transgender health records | AP News](#)

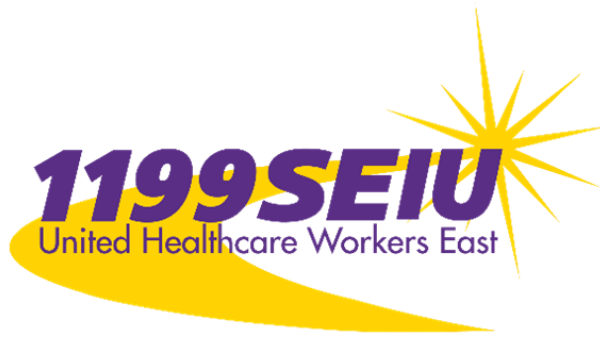
[Wash U alleges Missouri AG illegally sought patient records from transgender center • Missouri Independent](#)

[Texas AG’s pursuit of transgender medical records stirs privacy concerns - The Washington Post](#)

**Gwen Umbach SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

Madam Chair and Members of the Committee,

My name is Gwen Umbach. I'm a Bilingual Paralegal at a community-based health center, and a member of 1199SEIU United Healthcare Workers East. I support SB119/HB691 because I know this bill will protect our healthcare providers and give patients more access to gender-affirming care.

In my job I often take calls from clients asking how they can access gender-affirming care. I remember one particularly difficult phone call I took right after Florida passed a law restricting trans healthcare. The person explained to me that they live in Florida but were originally from Maryland and looking to move back because it was getting too difficult to be trans in Florida. They had been receiving hormones through a local clinic, but the new law threw the legality of that treatment into question. The clinic had sent the patient a message saying that due to the new law, they were stopping all gender-affirming care immediately and would not offer any other services until they had gotten confirmation they wouldn't be prosecuted for it. The patient was surprised, devastated, and didn't know where to turn. This patient lost access to gender-affirming care not because there was no clinic to help them, but because the clinic feared prosecution.

The bill you are considering would protect doctors and patients alike and prevent this situation from happening to others in the future. I urge a **favorable** report SB119/HB691.

In Unity,

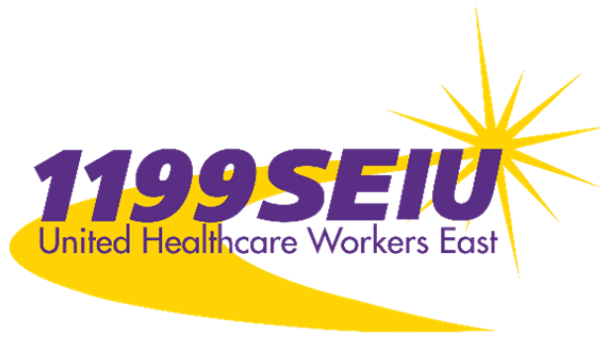
Gwen Umbach

Gwenumbach18@gmail.com

**Jessica Freidman SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
Legally Protected Health Care – Gender–Affirming Treatment  
Position: **FAV**

To Madam Chair and Members of the Committee,

My name is Jessica Friedman, MD, MPH. I am a resident of District 43A. I am submitting this testimony in support of SB119/HB691, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

As a family physician at a Federally Qualified Health Center in Baltimore, I provide medically necessary gender-affirming medical care to approximately 150 adults from across the state of Maryland. In 2023, the General Assembly signaled its support for this care by enacting the Trans Health Equity Act, and it recognized clinicians' autonomy and professional expertise by passing the Reproduction Health Protection Act. I am grateful to practice in a state in which I feel that my patients' lives and my professional practice are valued.

I take care of adults whose friends and family members do not support gender-affirming medical care. Some have threatened me with civil and administrative actions, and while I know that my workplace supports the care that I provide, such threats can cause me to worry about my livelihood, my family's wellbeing, and my ability to continue practicing medicine. In order to continue practicing medicine in Maryland, I need to know that I am protected from out-of-state criminal and civil litigation. **I respectfully urge this committee to return a favorable report on SB119/HB691.**

In Unity,

Jessica Freidman, MD, MPH  
jessica.l.freidman@gmail.com



**Joyce Jackson SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

My name is Joyce Jackson. I am a Senior Medical Office Assistant and a member of 1199SEIU United Healthcare Workers East. Our union is the largest healthcare workers union in the USA, with 10,000+ members in MD/DC. We urge the Committee to issue a **favorable** report on SB119/HB691.

The clinic where I work provides GAC. Many of my patients with Gender Dysphoria experience depression and isolation that lowers their quality of life. People in the transgender community want to be who they recognize themselves to be and to be able to live in the body they are comfortable living in, no matter what other States have to say about it. When my patients can receive GAC, I see such a positive change in them. Their mental health and self-esteem improve drastically.

SB119/HB69 is important for protecting Maryland's providers of GAC as we see more transgender people flee to our region to escape anti-trans laws in their home states. At the clinic where I work, there's an influx of trans people coming to us from out of the region to receive GAC. That puts a target on the backs of Maryland's GAC providers.

Washington DC has shielding protections for GAC, and Maryland should too.

My late brother was transgender. Back in the 70's, he did not have access to GAC at all. This is one of the reasons I fight so fiercely on behalf of my transgender patients and coworkers who provide GAC. I have a big heart and I believe *everyone*, no matter their gender, deserves access to high quality healthcare – and that healthcare workers should not be punished for following the Standard of Care. Please vote YES on SB119/HB691. Thank you.

In Unity,

Joyce Jackson  
Ladyjaye1@hotmail.com

**Rachel Smith SB119HB691 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



**Senate Bill 119 / House Bill 691**  
**Legally Protected Health Care – Gender–Affirming Treatment**  
**Position: FAV**

To Madam Chair and Members of the Committee,

My name is Rachel Rene Smith, my pronouns are “they/them” and “she/her.” I am a nonbinary member of Maryland’s vibrant transgender community, and I am also a member of the 1199 SEIU labor union. I and my union urge a **favorable** report on SB119/HB691.

My wife and I are both licensed clinical social workers and have practiced in public health clinics in our state for many years. During this time, we have witnessed inequities in social determinants of health outcomes and in access to gender affirming health care for LGBTQ+ people, especially for Black and Indigenous people and other people of color. Access to Gender Affirming Care, like access to reproductive care, is a human right—and our rights, as well as our bodies, should not be subject to the political caprice of any governing state body. Maryland’s lack of protection for people coming from other states seeking gender affirming care is unsafe, demoralizing, and sends the message to our state’s hard-working families, and to any refugee families that we might host as a sanctuary state, that Maryland is not really a safe sanctuary state, and so it is also not open for business.

I have worked with children and families as a Licensed Clinical Social Worker for about 13 years in the State of Maryland. I have been employed full-time as a Behavioral Health Therapist at a Federally Qualified Public Health Center (FQHC) since 2019. Before that, I worked as a social worker in a children’s center at a world-class hospital in Maryland, where I served children and families in the child psychiatric day hospital and inpatient units for two and a half years. While working at the FQHC and the hospital, I have witnessed the devastating effects of discrimination, bullying, and harassment on LGBTQ+ adults, youth, and their partners, spouses, and families. From mental and behavioral health problems, including suicidality, to negative physical health outcomes, the negative effects of society’s intolerance for, and hostility towards, gender variance is plain to see in the many risk factors facing our transgender and gender expansive youth and adults.

Disclaimer: I am testifying only on behalf of myself, not my former employers. As such, the opinions that I express herein are from my own experience, and do not necessarily reflect the institutional views of the facilities where I was employed.

As a member of the hospital's LGBTQ+ task force, which trained and equipped hospital staff with skills and materials to help them better serve the LGBTQ+ community, I had the pleasure of working with a colleague to collect data for a presentation on psychosocial factors impacting the health and safety of our transgender community. In 2018, a large studies of transgender youth found that one out of three youths reported considering suicide due to societal treatment and family rejection. And one in five transgender individuals have experienced homelessness at some point in their lives and may have limited access to accurate information about gender affirming health care. And it is estimated that 20-40% of the more than 1.6 million homeless youth in America identify as LGBTQ+.

As a health care provider, one of my most pressing concerns remains that transgender people could, at any time in the future, lose their right to access lifesaving gender affirming health care. It is imperative that states like Maryland, that value and treasure their trans and non-binary residents, take steps like passing SB0119/HB691 to protect, in perpetuity, trans people's access life-saving health care. Thank you so much for your time, and please vote YES on SB119/HB691.

In Unity,

Rachel Rene Smith  
LCSW-C, Maryland License # 15418  
[turbones@gmail.com](mailto:turbones@gmail.com)

*PS: Thank you, Senator Lam and Delegate Moon, for sponsoring this bill.*

Disclaimer: I am testifying only on behalf of myself, not my former employers. As such, the opinions that I express herein are from my own experience, and do not necessarily reflect the institutional views of the facilities where I was employed.

Disclaimer: I am not speaking on behalf of my employers, and as such, the opinion that I express herein today are from my own experience, and do not necessarily reflect the views of the institutions where I was employed.

Disclaimer: I am testifying only on behalf of myself, not my former employers. As such, the opinions that I express herein are from my own experience, and do not necessarily reflect the institutional views of the facilities where I was employed.

**SB0119\_Testimony\_FAV.pdf**

Uploaded by: Brya Bamford

Position: FAV

SB0119

In Favor  
FAV

I'm in favor of SB0119 because every Marylander deserves to have their bodily autonomy protected especially when it comes to gender affirming and reproductive healthcare. They go hand in hand and any weakness in protections for one makes the other vulnerable. The government should never be able to get in-between people and their doctors/insurance in these deeply personal decisions.

Additionally, every major medical association recognizes and supports gender affirming healthcare. The American Medical Association, The American Academy of Pediatrics, The Endocrine Society and many more. You can view a letter from the AMA defending gender affirming healthcare here:

<https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children>

A Cornell University analysis reviewed more than 25 years of scholarship on transgender mental health (more than 4,000 studies) and found “a strong consensus that undergoing gender transition can improve the well-being of transgender people”:

<https://news.cornell.edu/stories/2018/04/analysis-finds-strong-consensus-effectiveness-gender-transition-treatment>

There is no “debate” in the medical community. Gender affirming healthcare is real, backed by science, and actually saves lives according to the evidence. Do not listen to the bad faith actors pushing anti-science propaganda that's intended to harm trans people. Those people have a personal political agenda and do not care to listen to the facts/science. Do not get in-between people and their doctors/insurance.

Please pass SB0119 immediately!

Thank you,  
Brya Bamford  
9264 Throgmorton Rd  
Parkville, MD, 21234



**2024 SB119.pdf**

Uploaded by: Cameron LaFortune

Position: FAV

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Cameron LaFortune. I am a resident of District 7. I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland. I want my home to be a place that is safe for other people to live in. I hope that others do not feel the need to flee their homes to survive, but if they do, I want Maryland to be one of the places they can go to. And I want people everywhere, in Maryland, in the U.S., and even around the world, to know that things are not going to get worse forever, that there are still people who are fighting to preserve and reclaim the rights we should all enjoy, and that there is some hope worth sticking around for. One of the greatest consequences to a lack of access to gender affirming care is suicide. I've heard a prominent trans person say that the alternative to care is death. And I know that while the rate of suicide for trans people is staggering, it plummets when they have even one person or one place that is accepting and supportive of them. Maryland should strive to be such a place. This bill is a a blow against the hopelessness that many people are feeling. It is a demonstration that there are still people willing to fight and able to win a future where trans people can exist. I hope it helps folks make it until that day. I urge you to support SB119. Thank you for your time.

# **SB119 FAVORABLE - FreeState Justice.pdf**

Uploaded by: Camila Reynolds-Dominguez

Position: FAV



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Camila Reynolds-Dominguez (she/her)  
Policy Advocate and Legal Impact Coordinator  
[Creynolds-dominguez@freestate-justice.org](mailto:Creynolds-dominguez@freestate-justice.org)

The Honorable Pam Beidle, Chair  
Senate Finance Committee  
Miller Senate Office Building  
Annapolis, Maryland 21401  
February 15, 2024

**Testimony of FreeState Justice -- IN SUPPORT OF SENATE BILL 119**

To the Honorable Chair Beidle, Vice Chair Klausmeier, esteemed Finance committee members:

FreeState Justice—Maryland's LGBTQ+ pro-bono legal services and policy advocacy organization—strongly supports SB119/HB691 Legally Protected Health Care - Gender-Affirming Treatment.

This is a common-sense, technical fix that simply adds gender affirming care as it is defined in state law under § 15–151 of the Health – General Article to the already-existing protections for “legally protected healthcare” that currently apply to reproductive care providers and patients that were codified in last session’s Reproductive Health Protection Act (2023 SB859/HB808).

States across the nation are criminalizing providers of both reproductive and gender affirming care, passing laws that reach across jurisdictional lines to criminalize professionals who are providing care that is legal in the providers’ home states. Lawsuits seeking information about patients’ private medical information have already been filed, and the penalties for patients and providers in some of these states include the loss of medical licenses, fines, and criminal liability.

Gender affirming care is critically important to add to Maryland’s protections for “legally protected healthcare” because many of the same providers and facilities that provide reproductive care also provide gender affirming care. Because of this, if the General Assembly does not add gender affirming care to the definition of “legally protected healthcare,” then Maryland’s protections for those lifesaving and essential medical professionals leave them vulnerable to the very out-of-state criminalization the Reproductive Health Protection Act sought to shield them from.

Without SB119/HB691, Maryland’s reproductive and gender affirming care providers have a shield with massive holes in it that cannot protect them from investigations, litigation, or extradition. These gaps in protection are especially crucial to remedy as our immediate neighbors in Ohio, Pennsylvania, and West Virginia have criminalized or are moving towards criminalizing gender affirming care.

We know that gender affirming care is medically necessary healthcare—every major medical association confirms this. Governor Moore has already signed an executive order providing some of the same protections this bill seeks to guarantee, but we need the General Assembly to take the next step and codify more robust protections to ensure that Marylanders seeking lifesaving gender affirming care are not subject to regressive criminalization.

For these reasons, we urge a favorable report on SB119/HB691.

Respectfully submitted,  
Camila Reynolds-Dominguez

# **SB0119\_Legally\_Protected\_Health\_Care\_-\_Gender-Affi**

Uploaded by: Cecilia Plante

Position: FAV



## TESTIMONY FOR SB0119 Legally Protected Health Care – Gender–Affirming Treatment

**Bill Sponsor:** Senators Lam, Hettleman, and Waldstreicher

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Aileen Alex, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0119 on behalf of the Maryland Legislative coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

2023 legislation protected the confidentiality of those seeking reproductive services. SB0119, Gender Affirming Care Protection Act, extends these protections to cover gender-affirming care. It also includes protection from out-of-state sources.

People need to be able to seek the care they need free from disclosure leading to fear, legal action, intimidation, and violence. A large majority of transgender adults in the United States – 78% – say living with a gender different from the one assigned to them at birth has made them more satisfied with their lives (The Washington Post and Kaiser Family Foundation). We need to remove barriers for those seeking such satisfaction. It is a pursuit of happiness.

We support this bill and recommend a **FAVORABLE** report in committee.

# **MC Federation of Families Testimony in Support of**

Uploaded by: Celia Serkin

Position: FAV



**Montgomery County Federation of Families for  
Children's Mental Health, Inc.**

Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904  
301-879-5200 (phone) ♦ 301-879-0012 (fax)  
[info@mcfof.org](mailto:info@mcfof.org)  
[www.mcfof.org](http://www.mcfof.org) (website)

**SB 119 Legally Protected Health Care - Gender-Affirming Treatment**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since their childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support **SB 119 Legally Protected Health Care - Gender-Affirming Treatment**.

SB 119 will alter the definition of "legally protected health care" to include certain gender-affirming treatment, including medications and supplies, for the purposes of certain provisions of law that prohibit health occupations disciplinary actions and certain actions in criminal and civil proceedings and the use of certain resources in furtherance of certain investigations and proceedings related to legally protected health care.

Last legislative session the General Assembly passed and Governor Moore signed into law the Trans Health Equity Act, which established that the State of Maryland rightfully considers Gender-Affirming Care as lifesaving and medically necessary; and the Reproductive Health Protection Act, which protects abortion care providers, patients, and supporters from criminal and civil penalties from other states where that care is criminalized. Unfortunately, protections for Gender-Affirming Care were not included in the Reproductive Health Protection Act last year, despite the rise in criminalization of Gender-Affirming Care.

MC Federation of Families supports SB 119 because it will make the technical fix needed to ensure that this life-saving care remains protected in our state and Maryland continues to be a safe haven for transgender people. The same shielding provisions that apply to reproductive care will apply to gender-



affirming care, including:

- Shielding consumers, providers, and support individuals from extradition for gender-affirming care provided in Maryland.
- Prohibiting Maryland agencies and law enforcement from assisting with out-of-state investigations of gender-affirming care legally protected in Maryland.
- Prohibiting occupational boards from disciplining a licensed or certified individual over out-of-state complaints for gender-affirming care.

The bill does not change the type of care that someone can access or who can provide that care. It simply protects the gender-affirming care that is currently legal and provided in Maryland.

MC Federation of Families urges this committee to pass SB 119.

# **SB119 Pitney Written Testimony.pdf**

Uploaded by: Christie Pitney

Position: FAV

**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Christie Pitney and I am a nurse practitioner and nurse-midwife here in Maryland. I am a resident of Legislative District 2A. I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

As a nurse-midwife deeply committed to the health and well-being of all individuals, I am writing to express my strong support for Maryland SB119, which seeks to further protect gender-affirming care patients and providers. This crucial legislation represents a significant step forward in ensuring that individuals are able to safely receive the care they need to live authentically and thrive in their gender identity. SB859/HB808 passed last year to support and protect abortion and other reproductive healthcare. Gender affirming care should have been included then and must be added now. Additionally Governor Moore signed an executive order last year protecting gender affirming care, but without legislation to reinforce the order, gender affirming care remains vulnerable.

Gender-affirming care is essential for the physical, mental, and emotional health of transgender and gender-diverse individuals. As healthcare providers, it is our duty to offer compassionate and inclusive care that respects the dignity and autonomy of every patient. This healthcare must be included in the definition of legally protected health care under Maryland law.

Research consistently demonstrates that access to gender-affirming care leads to improved mental health outcomes, reduced rates of depression and anxiety, decreased suicidality, and enhanced overall well-being among transgender individuals. By affirming their gender identity and providing appropriate medical interventions, transgender individuals are empowered to live authentic and fulfilling lives, free from discrimination and stigma.

As our country becomes even more deeply divided, it is critical that we reinforce protections for patients and providers of the full range of healthcare that is being attacked, including gender affirming care. Patients are traveling from other states into Maryland to receive these services and it is our duty to protect them while they are within our state borders.

As a nurse-midwife, I have had the privilege of caring for transgender and gender-diverse individuals throughout their healthcare journeys. I have witnessed firsthand the profound positive impact that gender-affirming care can have on their lives. I have also

seen the trauma and pain brought upon my patients by a political climate that seeks to eliminate access to healthcare that is critical for them to be able to live authentically.

In conclusion, I urge you to support Maryland SB119 and protect transgender and gender-diverse individuals to access gender-affirming care. By doing so, we affirm our commitment to equity, justice, and compassion in healthcare for all Marylanders.

**I respectfully urge this committee to return a favorable report on SB119.**

Thank you for considering my testimony.

Sincerely,

Christie Pitney, MS, WHNP-BC, CNM

Nurse Practitioner & Nurse-Midwife

# **Maryland SB119 Support.pdf**

Uploaded by: Cory Redfern

Position: FAV

I support Senate Bill 119.

**Dan Reed\_testimony on SB119.pdf**

Uploaded by: Dan Reed

Position: FAV

Chair Pamela Beidle  
and Members, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

February 15, 2024

Dear Chair Beidle and Members of the Senate Finance Committee:

My name is Dan Reed, I live in District 20, and I identify as non-binary. I'm writing to support **Senate Bill 119, Legally Protected Health Care - Gender-Affirming Treatment**.

This bill will add gender-affirming health care to Maryland's definition of "legally protected healthcare." In doing so, Senate Bill 119 ensures that anyone seeking gender-affirming care—or any healthcare provider delivering it—would be protected from out-of-state litigation.

Gender-affirming care saves lives. It's recognized by every major medical association as necessary healthcare. There are a lot of trans people in my life who simply would not be here today without treatments like hormone therapy. Now, as states surrounding Maryland—including Ohio, West Virginia, and Pennsylvania—have either banned or are considering bans on this care, people are literally fleeing to our state. In doing so, they also risk prosecution from those states.

Maryland has already taken a brave stand by adding abortion to legally protected healthcare, ensuring that anyone trying to access reproductive care can safely do so here. It's time to extend those same protections to gender-affirming care. This is a small fix that will help make Maryland a welcoming, safe place for everyone.

I urge the Senate Finance Committee to give Senate Bill 119 a favorable report. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Dan Reed". The signature is written in a cursive, flowing style with a large initial "D" and "R".

Dan Reed (they/them)



# **SB119 Testimony 2024.pdf**

Uploaded by: Debi Jasen

Position: FAV

**Senate Bill 119 - FAVORABLE**  
**Finance Committee**

Honorable Chair, Vice Chair, and Members of the Finance Committee;

Please give Senate Bill 119, regarding gender affirming treatment, a Favorable report.

Gender affirming care saves lives. That's not hyperbole; there's a significant amount of research about how mental health improves when transgender people can access gender affirming healthcare. Anyone who cares about others, anyone who cares about transgender people, anyone who's against suicide, and anyone who considers themselves prolife should easily agree that Senate Bill 119 is an important piece of legislation.

Unfortunately, there are increasing numbers of states where the legislators don't care about the well-being of transgender people. They'd rather see transgender people suffer, and even die, than allow them to get the treatment that would make them, literally, happier. The same people who claim that they support parents' rights are stripping the rights of the parents to get their trans children medically necessary healthcare. Imagine being trapped in a place where your representatives wanted your child to die because they were trans.

I believe that Marylanders are different. We care about people in our own state, and we care about people throughout the country. Maybe it's because so many people from all over the country come here as tourists, for jobs, and for the military. While many transgender people are leaving hostile states so that they can survive, not everyone has the ability to move. It is our moral duty to help them survive if we can. I know there are people who wouldn't give a bottle of water to someone dying of thirst, but I believe that we're better than that. Please enable people to safely come to Maryland for gender-affirming healthcare by giving Senate Bill 119 a Favorable report.

Thank you for your consideration.

Sincerely,  
Debi Jasen  
Pasadena, MD

# Senate Bill 119.pdf

Uploaded by: Devon Ojeda

Position: FAV



**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Testimony of the National Center for Transgender Equality In SUPPORT to SB119**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

The National Center for Transgender Equality (NCTE) is submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland. NCTE is a nationwide, non-profit, non-partisan organization founded in 2003 to promote public understanding, opportunity, and well-being for the nearly two million Americans who are transgender. In the nation's capital and throughout the country, NCTE works to replace disrespect, discrimination, and violence with empathy, opportunity, and justice.

In 2023, the Maryland General Assembly took a significant step forward by passing the Reproductive Health Protection Act (SB859/HB808), which shielded abortion providers, patients, and support networks from out-of-state litigation. However, this landmark legislation failed to include gender-affirming care within its scope, leaving a glaring loophole that jeopardizes the safety and security of transgender, gender-diverse, and intersex individuals seeking essential healthcare services.

SB119 is a vital technical fix that rectifies this omission by adding gender-affirming healthcare to the definition of "legally protected healthcare" in Maryland. By extending the same shielding provisions that apply to reproductive care to gender-affirming care, SB119 ensures that transgender consumers, providers, and support individuals are protected from extradition, out-of-state investigations, and disciplinary actions related to gender-affirming care provided within our state.

It is crucial to emphasize that SB119 does not alter the type of care available or who can provide it; rather, it simply safeguards the gender-affirming care that is already legal and accessible in Maryland. This bill aligns with the recommendations of major medical associations, including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics, all of which recognize gender-affirming care as medically necessary healthcare<sup>1</sup>.

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<sup>1</sup> Transgender Legal Defense & Education Fund, "Medical Organization Statements on Transgender Health Care - Trans Health Project." *Transhealthproject.org*, 2023, [transhealthproject.org/resources/medical-organization-statements/](https://transhealthproject.org/resources/medical-organization-statements/).



Several states and the District of Columbia have enacted shielding laws that include gender-affirming care, with three additional states considering similar measures this year<sup>2</sup>. Given the alarming trend of states implementing bans on gender-affirming care, Maryland must assert itself as a beacon of inclusivity, safety, and protection for transgender individuals.

The urgency of passing SB119 is underscored by the aggressive efforts of some states to restrict or prohibit gender-affirming care, as evidenced by recent lawsuits and legislative actions targeting transgender healthcare providers and patients. Without legislative action, transgender individuals in Maryland remain vulnerable to discrimination, harassment, and legal repercussions for seeking essential healthcare services.

In conclusion, passing SB119 is not only a matter of healthcare equity and human rights but also a critical step towards affirming Maryland's commitment to protecting the rights and dignity of all its residents. NCTE urges you to support this vital legislation and ensure that gender-affirming care remains legally protected in our state.

**We respectfully urge this committee to return a favorable report on SB119. If you have any questions, please contact Devon Ojeda (they/he), Senior National Organizer at [dojeda@transequality.org](mailto:dojeda@transequality.org).**

Thank you for considering our testimony.

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<sup>2</sup> Movement Advancement Project. "Equality Maps: Transgender Healthcare 'Shield' Laws." [www.mapresearch.org/equality-maps/healthcare/trans\\_shield\\_laws](http://www.mapresearch.org/equality-maps/healthcare/trans_shield_laws). Accessed 02/05/2024.

**CFW SB 119 - SUPPORT.pdf**

Uploaded by: Elizabeth Richards

Position: FAV



**COMMISSION FOR WOMEN  
COMMUNITY ENGAGEMENT CLUSTER**

February 15, 2024  
Senator Pamela Beidle  
Chair, Senate Finance Committee  
Miller Senate Office Building, 3 East Street  
Annapolis, MD 21401

RE: SB 119 Legally Protected Health Care – Gender-Affirming Treatment

Position: **SUPPORT**

Dear Chairperson Beidle, and members of the Senate Finance Committee,

On behalf of the Montgomery County Commission for Women, I am writing to ask for your support of SB 119 — Legally Protected Health Care – Gender-Affirming Treatment. The proposed legislation would codify Governor Wes Moore’s executive order that offers legal protections to individuals who seek, assist, provide, or obtain gender affirming care. Additionally, the bill would offer legal protection that an executive order cannot provide, such as shielding against potential lawsuits from other states. This bill comes at a critical time as other states seek to limit, and in some cases criminalize, gender-affirming care.

Montgomery County Commission for Women advocates for legislation that promotes the equal and full participation of women and girls in every aspect of community living and access to education, healthcare, and work advancement with political and economic power. Gender affirming care is necessary for equal and full participation in all facets of society.

Ensuring safe access to gender affirming care within Maryland is essential to the health and wellbeing of citizens of this state. Gender affirming treatment is evidence-based medicine, and associated with better health outcomes for transgender individuals (e.g., decreased odds of depression, decreased odds of suicidal ideation, increased positive affect, increased life satisfaction). Additionally, medical providers are leaving states that criminalize aspects of reproductive health care. By shoring up protections for gender affirming care providers, Maryland ensures we are not losing the medical knowledge and expertise we need to keep our communities safe and healthy. Therefore, I urge a favorable report on SB 119.

Sincerely,

Commissioner Elizabeth Richards  
Member, Policy & Legislative Committee  
Montgomery County Commission for Women

# Senate Bill 119 - testimony.pdf

Uploaded by: Emma Andrews

Position: FAV



**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Emma Andrews. I am a resident of District 46 and I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

Gender-affirming care is recognized as medically necessary by every major medical association, including the American Medical Association, The American Psychiatric Association, and the American Academy of Pediatrics. Eleven states and the District of Columbia have shielding laws that include gender-affirming care, and three more states have introduced bills to do so this year.

Last year, Governor Moore Signed an Executive Order shielding this care from out of state litigation; but, without legislation defining care as legally protected, it remains vulnerable and so do all who benefit from that care and those who provide such care.

This is a simple bill - It does not change the type of care one receives or who can provide that care, it simply protects the care that is currently available in Maryland. It shields consumers and providers from extradition for gender-affirming care provided and prevents Maryland agencies and law enforcement from assisting out-of-state investigations of gender-affirming care legally protected. It will also prohibit occupational boards from disciplining a licensed or certified person over out-of-state complaints for gender-affirming care.

I have benefitted from gender-affirming care for the last 9 years. It has had a profound and unequivocally positive impact on my life. It has brought light and hope into a life constantly colored by pain, self-loathing, suicidality, and desolate loneliness. In short, it helped me find and love the me that was meant to shine for the world to see. I'm certain I would not be here today if I had not managed to gain access to my gender-affirming care those 9 years ago. I am grateful that I live in a state that has worked to defend the lives of transgender people and affirm our existence. I was filled with tears and joy when the Trans Health Equity Act was passed and when Governor Moore signed the executive order shielding that care. But I see the landscape across the country, and I fear for our future, and I fear for transgender folks now and those yet to come.

Twenty-two states, including those neighboring us, have enacted or proposed bans on this life-saving care; with one state already filing a lawsuit across state lines to obtain patient information for those who sought care with the intent to seek criminal charges. Those who provide care under these bans risk losing their license, fines, and even prison sentences. This bill needs to pass so everyone who needs gender-affirming care can be certain that access to this vitally important care will remain attainable in Maryland and those who provide it remain safe to do so.

**I respectfully urge this committee to return a favorable report on SB119.**

# **SB119 Testimony .pdf**

Uploaded by: Ericka McDonald

Position: FAV

**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Ericka McDonald and I'm a resident of District 44B in Catonsville, Maryland. I'm submitting this testimony to strongly urge the Senate to support SB 119 - Legally Protected Healthcare - Gender-Affirming Treatment.

Gender-affirming care is recognized medically-necessary healthcare, supported by all major medical organizations. As the parent of a college-age transgender child I have seen the difference that gender affirming care makes. **Access to gender affirming medication and surgery saved my child's life.** I have no doubt that without this care he would not be well or able to prosper.

There is an assault on the rights of transgender people in the United States. This bill would protect people who receive gender-affirming care, as well as medical professionals who provide this life-saving care. Eleven other states and the District of Columbia have enacted these protections.

My son is fortunate to be able to attain gender-affirming care in Maryland, but he now lives in a country where he can not safely live, study, work, or even visit many states. As a parent, it is terrifying to see these fear-based, uninformed attacks on this vulnerable community. SB 119 would ensure that my child is able to attain medical care necessary for his well being, without the threat of persecution.

I urge you on behalf of my family to support SB 119 and continue to make Maryland a safe place for all people.

**SB0119 support.pdf**

Uploaded by: Greg Wahl

Position: FAV

Dear Senator Lam and Finance Committee members –

My name is Greg Wahl; I am a professor of English at Montgomery College, Takoma Park Silver Campus. I have had the honor of appearing in front of the Maryland Assembly as the Maryland state Professor of the Year in 2013, where a proclamation in my honor was handed to me by American hero Jamie Raskin, a thrill of a lifetime. I live in the District of Columbia, but the work that has been my mission for the past twenty years and will remain so until the end of my days is with community college students in Maryland.

I am writing in enthusiastic support of both SB0119, and of all your efforts protecting gender affirming care in Maryland. My family, and many many others from Ohio, West Virginia, Florida and an alarming number of other states may at some point in the near future need to move to Maryland in order for my family members to legally receive the health care that is a basic human right. In addition, I have the opportunity to get to know students at Montgomery College each semester for whom the protection of their rights in Maryland is literally life-saving. I have seen many young people have the opportunity to thrive and contribute to their communities because they know that in Maryland, they can simply be who they are without discrimination.

Gender affirming care is healthcare. Trans men are men. Trans women are women. Trans boys are boys. Trans girls are girls. All are human beings with a right to healthcare. All can contribute to a strong, healthy Maryland when given the chance. Thank you for your efforts to build safe, just, caring communities in Maryland.

Greg Wahl

**SB119.LOS.OAG.hf.20240214.pdf**

Uploaded by: Heather Forsyth

Position: FAV

**CANDACE McLAREN LANHAM**  
*Chief Deputy Attorney General*

**CAROLYN A. QUATTROCKI**  
*Deputy Attorney General*

**LEONARD HOWIE**  
*Deputy Attorney General*



**ANTHONY G. BROWN**  
*Attorney General*

**CHRISTIAN E. BARRERA**  
*Chief Operating Officer*

**ZENITA WICKHAM HURLEY**  
*Chief, Equity, Policy, and Engagement*

**PETER V. BERNS**  
*General Counsel*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

February 14, 2024

**TO:** Senator Pamela Beidle, Chair  
Senate Finance Committee

**FR:** Office of the Attorney General

**RE:** SB119 – Legally Protected Health Care – Gender-Affirming Treatment (**Support**)

---

The Office of the Attorney General writes in strong support of SB119 to protect gender-affirming care.

The OAG supported last year's bill which provided legal protections for women and their health care providers engaged in reproductive health care. This bill seeks to shield another population that is similarly threatened.

In the U.S., states are sharply divided on issues involving deeply personal and intimate health care decisions. This bill provides protections for Maryland patients and providers against those out-of-state actors who seek to criminalize medical care that is legal in Maryland.

Gender Affirming Care is legal in Maryland. Last year, in passing the Trans Health Equity Act, the General Assembly recognized that Gender Affirming Care is medically necessary, and ensured equitable health care access for individuals who are transgender and gender diverse.

However, nearly half of states have introduced legislation to limit or attack such care and impose penalties on patients, parents, and providers including loss of licensure, civil penalties, and criminal lawsuits. If residents in these states travel to one of our nationally ranked medical institutions for care, they are at risk for penalties, sanctions, and criminal prosecution by states

that seek to impose their political will on states like Maryland that respect self-determination, bodily autonomy, and medical privacy.

This legislation is both critical and urgent. Last summer, Governor Moore signed an Executive Order to provide some protections for gender care, but the Executive Order could not offer all the protections that this legislation would provide, including:

- Prohibit liability insurers from taking adverse action against health care providers;
- Ensure licensing and regulatory boards do not take adverse action against practitioners as a result of providing gender affirming care; and
- Place limits on subpoenas, wiretapping warrants, ex parte orders, and foreign judgments that seek to further punitive investigations by other states into gender affirming care provided under the laws of this State.<sup>1</sup>

It is vitally important to those who provide, support, or access gender affirming care in Maryland that we provide the highest possible guardrails for their safety, privacy, and liberty. The OAG is committed to defending health privacy for all legal medical care. Support of legal protections for gender affirming treatment is consistent with the goals and priorities of our office to combat inequities and protect the rights, responsibilities, and privileges of all Marylanders and those who seek sanctuary in our state.

We thank the sponsors for bringing SB119 to you for consideration and urge a favorable report.

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<sup>1</sup> Just last December the Texas Attorney General sent a civil investigative demand to Seattle Children's Hospital seeking access to the medical records of trans patients. The hospital refused to provide the records but has had to file suit in Texas to try to nullify the Attorney General's demands.



# **SB 119 - SUPP - FIN - Legal Protection Transgender**

Uploaded by: Henry Bogdan

Position: FAV

February 15, 2024

**Statement on Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**Senate Finance Committee**

**Position: Support**

Maryland Nonprofits is a statewide association of more than 1800 nonprofit organizations and institutions. We strongly urge you to support Senate Bill 119 to extend legal protection to all those receiving and providing gender-affirming health services in Maryland from criminal or civil actions brought from other states.

Gender-affirming care has been shown to dramatically increase mental health and wellbeing, and multiple major medical associations support comprehensive care for the trans community including the American Medical Association, the American Psychiatric Association, and American Academy of Pediatrics.

Last year the General Assembly and Governor approved the Gender-Affirming Treatment (Trans Health Equity Act) to make MD Medical Assistance benefits available recipients of gender-affirming health care and services. This was a matter of basic health-equity consistent with the values of public policy in Maryland.

Unfortunately, as in the case of abortion services, numerous states have taken various actions to prohibit their residents from receiving, and medical professionals from providing gender-affirming health services. Worse, as also with reproductive health care, some states now have laws that may lead to criminal or civil actions against recipients and providers of gender-affirming care legally rendered in other states. In the case of reproductive health services, Maryland has already provided that those situations are now protected in our law as “legally protected health services”, to prohibit health occupations disciplinary actions and certain actions in criminal and civil proceedings and the use of certain records or resources in furtherance of investigations or criminal or civil proceedings.

Senate Bill 119 will provide the same protections for cases involving gender-affirming health care.

As a matter of health equity, and consistent with Maryland’s public policy, we urge you to give Senate Bill 119 a Favorable report.

**SB 119\_HPRP FAVORABLE.pdf**

Uploaded by: Ingrid Lofgren

Position: FAV



**Senate Bill 119 – Legally Protected Health Care – Gender-Affirming Treatment**  
**Hearing of the Senate Finance Committee, February 15, 2024**  
**Position: SUPPORT**

---

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

The Homeless Persons Representation Project (HPRP) is a non-profit civil legal aid organization that provides free legal services to Marylanders who are homeless or at risk of homelessness on issues that create barriers to housing and economic stability. HPRP also advocates for policies that will prevent and end homelessness statewide. Gender-affirming healthcare is vital for HPRP’s transgender and non-binary clients, who experience high rates of homelessness and discrimination in housing, employment, and healthcare. HPRP is submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

Gender affirming care is recognized as medically necessary care by every major medical association, including the American Medical Association, American Psychiatric Association, and American Academy of Pediatrics. SB 119 is a simple technical fix that adds gender affirming healthcare to the definition of “legally protected healthcare” in Maryland, a critical protection for consumers and healthcare providers. Last year, Governor Moore issued an Executive Order that shields gender-affirming care from out-of-state litigation. However, without the Maryland General Assembly defining gender-affirming care as legally protected healthcare, consumers and providers remain vulnerable in a time when many states have banned or proposed to ban gender-affirming care. Maryland must continue to be a safe haven for transgender people and pass this technical fix to ensure that life-saving care remains protected in our state.

**HPRP urges the Committee to move FAVORABLE on SB 119.**

**For more information, please contact Ingrid Lofgren, Director of HPRP’s Homeless Youth Initiative, at [ilofgren@hprplaw.org](mailto:ilofgren@hprplaw.org) or (410)656-9975.**

# **SB 119 2024 Annapolis Pride.pdf**

Uploaded by: Jaden Farris

Position: FAV



## Board of Directors

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**Joe Toolan**  
(he/him)

### Vice-Chair

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(they/them)

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**Sarah Sample**  
(she/her)

**Joshua Seefried**  
(he/him)

**Jayne Walters**  
(she/her)

**Tim Williams**  
(he/him)

**BILL:** Senate Bill 119 - Legally Protected Health Care - Gender-Affirming Treatment

**DATE:** February 15, 2024

**POSITION:** FAVORABLE

**COMMITTEE:** Finance

Annapolis Pride's mission is to advocate for, empower, and celebrate the LGBTQ+ community in Anne Arundel County to live fully and authentically. Our vision is a safe, equitable, and anti-racist community where people of all identities thrive. As such, Annapolis Pride supports Senate Bill 119, which adds gender-affirming healthcare to the definition of "legally protected healthcare" in Maryland.

While a simple bill, Senate Bill 119 carries symbolic weight. It sends a clear message in state law that Maryland stands firmly in support of transgender and gender-expansive individuals and their right to access essential healthcare. This legislation is not about expanding access, but about safeguarding the access that already exists within our state.

Without this essential legislation, both individuals seeking and providers who offer gender-affirming care in Maryland could face extradition to other states that have outlawed such care. This risk of legal action in other jurisdictions could discourage individuals from seeking this necessary healthcare and deter providers from offering it, creating a significant barrier to access for transgender and gender-diverse individuals.

Including gender-affirming care within the definition of "legally protected health care" reinforces current medical standards and best practices endorsed by major medical associations, including the American Medical Association and the American Academy of Pediatrics. Both organizations recognize gender-affirming care as medically-necessary care that improves the physical and mental health of transgender and gender-diverse individuals. Studies have consistently found that gender-affirming care, including social transition, hormone therapy, and surgery, reduces risks of suicide ideation and improves overall mental well-being.<sup>1</sup>

Accordingly, Annapolis Pride respectfully requests a **favorable** committee report on Senate Bill 119.

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<sup>1</sup> Jackson D. Suicide-Related Outcomes Following Gender-Affirming Treatment: A Review. *Cureus*. 2023 Mar 20;15(3):e36425. doi: 10.7759/cureus.36425. PMID: 36950718; PMCID: PMC10027312.

**SB119\_TRAC\_FAV\_2.15.24.pdf**

Uploaded by: Jamie Grace Alexander

Position: FAV



**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

The Trans Rights Advocacy Coalition is submitting this testimony in strong support of SB119, which would add gender-affirming care to the definition of 'legally protected healthcare' in Maryland.

TRAC is a Maryland-based and entirely trans-led coalition committed to ensuring that all transgender and gender expansive Marylanders can live safe and affirming lives. Our membership includes healthcare providers, attorneys, academics, organizers and other community members who all stand in strong support of shielding gender-affirming care from out-of-state litigation

**Background**

In 2023, the Maryland General Assembly passed the Reproductive Health Protection Act ([SB859/HB808](#)), which protects abortion providers, patients, and support networks from out-of-state litigation. Its crucial protections combat “sue thy neighbor” legislation implemented in other states that allows them to use lawsuits to restrict reproductive healthcare access in states like Maryland.

Unfortunately, the Reproductive Health Protection Act did not include gender-affirming care in the definition of “legally protected healthcare.” This omission puts those seeking, providing, or assisting with gender-affirming care at risk, and leaves huge holes in the shield for reproductive care, as many providers do both.

**What does SB119 do?**

SB119/HB691 is a **simple technical fix** that adds gender-affirming healthcare to the definition of “legally protected healthcare” in Maryland. The same shielding provisions that apply to reproductive care would apply to gender-affirming care, including:

- Shielding consumers, providers, and support individuals from extradition for gender-affirming care provided in Maryland
- Prohibiting Maryland agencies and law enforcement from assisting with out-of-state investigations of gender-affirming care legally protected in Maryland
- Prohibiting occupational boards from disciplining a licensed or certified individual over out-of-state complaints about gender-affirming care

**This bill does not change the type of care that someone can access or who can provide that care.** It simply protects the gender-affirming care that is currently legal and provided in Maryland.



### **Why do we need SB119?**

Last year, Governor Moore signed [an executive order](#) that shields gender-affirming care from out-of-state litigation. However, without the legislature defining this care as legally protected healthcare, it remains vulnerable.

[Twenty-three states](#) have implemented bans on this life-saving care within the last few years. One such state has already [filed a lawsuit](#) to obtain information on a patient who sought out-of-state care. The penalties for providing gender-affirming care can include losing medical licenses, as well as civil and criminal lawsuits aimed at patients and providers.

Our neighbors in Ohio, West Virginia, and Pennsylvania are among the states with proposed bans or bans in place. **Maryland must continue to be a safe haven for transgender people and pass this technical fix to ensure that this life-saving care remains protected in our state.**

Eleven states and the District of Columbia have shielding laws that include gender-affirming care, and three more states have introduced bills to do so this year.<sup>1</sup>

### **Why is access to gender-affirming care so important?**

Gender-affirming care is recognized as **medically necessary healthcare** by [every major medical association](#), including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics. Access to gender-affirming care reduces suicide, abuse, discrimination, and harassment.

Ensuring that transgender people can continue to access gender-affirming care in Maryland without the threat of legal action to them or their provider is quite literally **a matter of life and death.**

For all these reasons, we strongly urge the committee to give SB119 a favorable report.

Sincerely,  
The Trans Rights Advocacy Coalition

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<sup>1</sup> California, Colorado, Connecticut, the District of Columbia, Illinois, Massachusetts, Minnesota, New Mexico, New York, Oregon, Vermont, and Washington include gender-affirming care in their shielding laws. [Source](#).

# **SHEILDiNGtestimony.pdf**

Uploaded by: Jamie Grace Alexander

Position: FAV

**TESTIMONY in SUPPORT of Senate Bill 119**  
Legally Protected Healthcare - Gender-Affirming Treatment

**TO:** The Senate Finance Committee

**FROM:** Jamie Grace Alexander on behalf of Baltimore Action Legal Team

My name is Jamie Grace Alexander, I am with the Trans Rights Advocacy Coalition in support of SB119, "*Legally Protected Healthcare - Gender-Affirming Treatment*", which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

I want to clarify that I am **not** here with you today to relitigate whether gender affirming care is medically necessary. It is.

We, the community being discussed, you, the legislature (**through the passage of the Trans Health Equity Act**) & the medical professionals behind me all agree that this treatment is medically necessary.

Last year the legislature also agreed to these same protections that SB119 will establish for abortion care providers with **The Reproductive Health Protection Act**. Women's rights & trans justice are parallel struggles in the fight for bodily autonomy. That protection needs parity.

We are here talking about **legal** protections for **medically necessary** healthcare. I have consistently fought for the legal protections of my community & right now that means making sure that our bodily autonomy is equally ensured.

Speaking personally,

I am a recipient of gender affirming care. –It has made a huge difference in my life.

I felt poisoned by my own body all throughout puberty.

New hormones have helped my dysphoria significantly.

My life opened when I started to transition.

& I'm not alone.

Identifying as transgender makes me part of a community of people who were brave enough to forge themselves. [Many Studies have measured that hormones have a significantly positive effect on trans individuals' psychological functioning, emotional well, social functioning & quality of life over time.](#)

Pass SB119 & ensure our community gets to see those positive improvements in the future. The Trans Rights Advocacy coalition urges a favorable report on SB119.

[A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals - PMC \(nih.gov\)](#)

**SB 0119 - FIN - MDH - LOS .pdf**

Uploaded by: Jason Caplan

Position: FAV



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 15, 2024

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

### **RE: Senate Bill 119 – Legally Protected Health Care – Gender–Affirming Treatment – Letter of Support**

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 119 – Legally Protected Health Care – Gender–Affirming Treatment. SB 119 alters the definition of “legally protected health care” to include certain gender-affirming treatment. This bill aims to ensure that provisions of the law safeguard health care practitioners from certain disciplinary actions, governs certain actions in criminal and civil proceedings, and dictates the use of resources for investigations and proceedings concerning protected health care.

Gender-affirming care includes a range of treatments and interventions that “support and affirm an individual’s gender identity,” particularly when it differs from their assigned gender at birth.<sup>1</sup> This type of care can be life-saving for transgender youths, especially those experiencing gender dysphoria. These youths are significantly more likely than other youths to suffer emotional distress and depression, to experience bullying and other forms of violence, and to harm themselves or attempt suicide.<sup>1</sup>

In recent years, the United States has seen a rise in states enacting or considering laws that ban or restrict gender-affirming care. As of November 2023, one-third of transgender youth live in the 22 states with bans on gender-affirming care up to the age of 18 and some states are considering additional bans for transgender people into young adulthood.<sup>2</sup> A growing number of states are considering bills that include criminal penalties against health professionals who provide gender-affirming care and parents who enable access to this care.<sup>3</sup>

Last year, Maryland passed the Reproductive Health Protection Act (HB 808/ SB 859) , which established protection for “providing, procuring, or aiding another in providing or procuring legally protected health care” and defined “legally protected health care” to include “all reproductive health services.”<sup>4</sup> SB 119 builds on this act to expand legally protected health care to include gender-affirming care, which furthers the state’s efforts to protect evidence-based, medically necessary health care. In addition, many abortion

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<sup>1</sup> What is gender-affirming care? Your questions answered. Association of American Medical Colleges, April 2022.

<https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered>

<sup>2</sup> Map: Attacks on Gender Affirming Care by State. Human Rights Campaign, Nov 2023. <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

<sup>3</sup> Prohibiting Gender Affirming Medical Care for Youth. UCLA Williams Institute, March 2023. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Mar-2023.pdf>

<sup>4</sup> SB 0859, 2023. <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0859?ys=2023RS>

providers provide a wide array of sexual and reproductive health services, including gender-affirming treatments; more than half of all Planned Parenthood locations offer gender-affirming care.<sup>5</sup> SB 119 will further protect providers of abortion and sexual and reproductive health services by expanding protection to cover the full range of services many of these providers offer.

With this bill and last year's Trans Health Equity Act (HB 283/ SB 460), which expanded Medicaid benefits for gender-affirming care,<sup>6</sup> Maryland continues to be a leader in promoting trans people's right to equitable health care and safety. The more than 94,000 transgender or nonbinary residents in Maryland would be able to continue to access and use medically necessary, life-saving health care, without fear of the state restricting or banning this health care.<sup>7</sup>

The Department supports the provision and protection of medically recommended health care and supports SB 119 to include gender-affirming treatment under the definition of legally protected health care. This bill will not have a fiscal or operational impact on the Department.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,



Laura Herrera Scott, M.D., M.P.H.  
Secretary

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<sup>5</sup> How gender-affirming care may be impacted when clinics that offer abortions close. NPR, Aug 2022.  
<https://www.npr.org/2022/08/14/1115875421/gender-affirming-care-abortion-clinics>

<sup>6</sup> Maryland Department of Health announces expansion of gender-affirming care Medicaid benefits. Jan 2024.  
<https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-announces-expansion-of-gender-affirming-care-Medicaid-benefits.aspx>

<sup>7</sup> Governor Moore Signs Executive Order to Protect Gender Affirming Health Care in Maryland. June 2023.  
<https://governor.maryland.gov/news/press/pages/Governor-Moore-Signs-Executive-Order-to-Protect-Gender-Affirming-Health-Care-in-Maryland.aspx>

**SB119\_ProChoiceMD\_FAV.pdf**

Uploaded by: Jennifer Mercer

Position: FAV



# Pro-Choice Maryland Action

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info@prochoicemd.net



## TESTIMONY IN SUPPORT OF SENATE BILL 119: Legally Protected Health Care - Gender-Affirming Treatment

TO: Chair Pamela Beidle and Members of the Senate Finance Committee

FROM: Pro-Choice Maryland Action

DATE: February 15, 2024

Pro-Choice Maryland Action 501(c)(4) is an independent, nonprofit organization that develops and advocates for policies that protect reproductive freedom and advance reproductive justice, including support and services for those who have children. **Pro-Choice Maryland Action strongly supports Senate Bill 119 as a means of affirming and protecting the human rights of transgender and gender nonconforming people.**

It is no secret that in recent years, policymakers in other states have ramped up their attacks on access to vital reproductive healthcare services. Emboldened by the fall of *Roe* and financed by right-wing billionaires, these policymakers and their allies have advanced legislation designed to deny access to reproductive health care to patients and to intimidate and discourage patients, their allies, and healthcare providers. One tactic they have employed is to create new legal causes of action of dubious constitutionality intended to punish citizens seeking, providing, or assisting another in receiving reproductive health care services in other states.

In response, the Maryland General Assembly in 2023 took action to protect patients, providers, and their allies from such out-of-state litigation via the Reproductive Health Protection Act. The RHPA provides that Maryland's public resources will not be utilized to aid or abet these tactics of intimidation, be they civil or criminal in nature. Specifically, it protects "legally protected health care," which it defined as "all reproductive health services, medications, and supplies related to the direct provision or support of the provision of care related to pregnancy, contraception, assisted reproduction, and abortion that is lawful in the State."<sup>1</sup>

While Pro-Choice Maryland Action applauds the Maryland General Assembly for taking this important step, there is still more work to be done. Policymakers in other states have made it clear that gender-affirming care is equally at risk as abortion and contraception. We are seeing attacks on the transgender and gender nonconforming community unlike ever before. The creation of new causes of action to intimidate transgender and gender nonconforming people is just one tactic of theirs, along with bans on books, drag shows, and policing public spaces such

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<sup>1</sup> Annotated Code of Maryland, State Personnel and Pensions § 2-312(a)

## Pro-Choice Maryland Action

[www.prochoicemd.net](http://www.prochoicemd.net)

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as restrooms. At their core, all of these efforts serve no purpose other than to bully and intimidate citizens whose gender identity and expression do not fit neatly into their preconceived ideas of who deserves human rights.

Pro-Choice Maryland Action unequivocally rebukes such efforts to deny the humanity of the transgender and gender nonconforming community. While we in Maryland are unable to stop such legislation in other states, we can once again make it clear that we will not use Maryland’s public resources to enable this senseless litigation. Senate Bill 119 will protect transgender and gender nonconforming people by adding “gender-affirming care” to the definition of “legally protected health care.” In this way, we will ensure that no public resources will be used to investigate, prosecute, or extradite patients, providers, or their allies for seeking gender-affirming health care in Maryland. These protections are increasingly important as more and more states ban gender-affirming care and seek to punish their citizens for seeking it in other states. Indeed, Maryland’s geographic position relative to many Southeastern states makes it even more important that we stand with those who need to access gender-affirming care. SB 119 represents a critical opportunity to stand with transgender and gender nonconforming people both in Maryland and elsewhere.

For the aforementioned reasons, **we urge a favorable report on Senate Bill 119.**

# **Favorable Testimony SB0119 - 2.15.2024.pdf**

Uploaded by: Jeremy Browning

Position: FAV



**Maryland Commission  
on LGBTQIA+ Affairs**

**TESTIMONY OF JEREMY BROWNING  
DIRECTOR, MARYLAND COMMISSION ON LGBTQIA+ AFFAIRS  
FAVORABLE STATEMENT ON SB0119  
LEGALLY PROTECTED HEALTH CARE - GENDER-AFFIRMING TREATMENT**

**February 14, 2024**

Finance Committee

The Hon. Pamela Beidle, Chair  
The Hon. Katherine Klausmeier, Vice Chair

Chair Beidle, Vice-Chair Klausmeier, and members of the Finance Committee, my name is Jeremy Browning(he/him), and I am the Director of the Maryland Commission on LGBTQIA+ Affairs. The Commission was created by the 2021 Maryland General Assembly, and later altered in 2023, to assess challenges facing our LGBTQIA+ communities, establish best practices and recommendations for LGBTQIA+ inclusion, and provide testimony to legislative and administrative bodies.

Ensuring passage of Senate Bill 119 is a top priority for the Maryland Commission on LGBTQIA+ Affairs. This bill, Legally Protected Health Care - Gender-Affirming Treatment, will codify the executive order signed by Governor Wes Moore in June 2023.

Senate Bill 119 protects gender-affirming health care in Maryland and will build on the State's efforts to safeguard the rights of LGBTQIA+ individuals. The bill protects those seeking, receiving, or providing gender-affirming care in Maryland from attempts at legal punishment by other states.

Access to gender-affirming health care is not only a matter of medical necessity, but also a fundamental aspect of affirming one's gender identity and improving overall health and well-being. The following highlights from 2022 U.S. Trans Survey Early Insights Report demonstrate the importance of access to gender-affirming care:

- Nearly all respondents (98%) who were currently receiving hormone treatment reported that receiving hormones for their gender identity/transition made them either “a lot more satisfied” (84%) or “a little more satisfied” (14%) with their life.
- Nearly all respondents (97%) who had at least one form of surgery for their gender identity/ transition reported that they were either “a lot more satisfied” (88%) or “a little more satisfied” (9%) with their life.

Additionally, Senate Bill 119 provides much-needed clarity and protection for healthcare practitioners who provide gender-affirming care by prohibiting disciplinary actions for providing legally protected health care. The bill ensures healthcare professionals can fulfill their ethical obligations to provide competent and affirming care without fear of reprisal or discrimination.

Major medical organizations, including the American Academy of Pediatrics, the American Medical Association and the American Psychiatric Association, support the provision of age-appropriate, gender-affirming care for transgender and nonbinary people. These doctors represent over 1.3 million doctors in the United States. Further, the overwhelming preponderance of research published in leading medical journals shows gender-affirming healthcare practices have been shown to result in lower rates of mental health issues, healthier self-esteem, and improved overall quality of life.

Passage of Senate Bill 119 simply codifies the executive order signed by Governor Moore and is a critical step to enshrine the rights and dignity of transgender, nonbinary, and gender-diverse Marylanders. For those reasons, the Maryland Commission on LGBTQIA+ Affairs strongly urges a favorable report on Senate Bill 119.

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# **HPP SB 119 Testimony- FAV.pdf**

Uploaded by: Jessica Emerson

Position: FAV

## Testimony of the Human Trafficking Prevention Project

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<b>BILL NO:</b>	Senate Bill 119
<b>TITLE:</b>	Legally Protected Health Care – Gender-Affirming Treatment
<b>COMMITTEE:</b>	Finance
<b>HEARING DATE:</b>	February 15, 2024
<b>POSITION:</b>	<b>FAVORABLE</b>

Senate Bill 119 would add gender-affirming care to the definition of legally protected healthcare in Maryland. [The Human Trafficking Prevention Project](#) supports this bill because it will protect health care providers, patients, and the people who support patients accessing gender-affirming care from criminal charges, civil litigation, and administrative penalties. It is essential that HTPP clients, many of whom are transgender, are able to access *both* reproductive and gender-affirming care seamlessly, which means being able to rely on the service providers with which they interact.

In 2023, the Maryland General Assembly passed the [Reproductive Health Protection Act](#), which protects abortion providers, patients, and support networks from out-of-state litigation, such as [Texas’s SB 8](#). Unfortunately, the Reproductive Health Protection Act did not include gender-affirming care in the definition of “legally protected healthcare,” an omission that puts those seeking, providing, *or* assisting with gender-affirming healthcare at risk. It also leaves huge holes in the shield for reproductive healthcare, as many providers offer both types of care.

### WHAT DOES THIS BILL DO?

SB 119 is a simple technical fix that adds gender-affirming healthcare to the definition of “legally protected healthcare” in Maryland. The same shielding provisions that apply to reproductive healthcare would, upon the passage of this bill, apply to gender-affirming healthcare as well, including:

- Shielding consumers, providers, and support individuals from extradition for gender-affirming care provided in Maryland;
- Prohibiting Maryland agencies and law enforcement from assisting with out-of-state investigations of gender-affirming care legally provided in Maryland; and,
- Prohibiting occupational boards from disciplining a licensed or certified individual over out-of-state complaints about them having provided gender-affirming care.

### WHY DO WE NEED THIS BILL?

Gender-affirming care is recognized as medically necessary healthcare by every major medical association, including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics. Eleven states and the District of Columbia have shielding laws that include gender-affirming care, and three more states have introduced bills to do so this year.

Last year, Governor Moore signed an Executive Order that shields gender-affirming care from out-of-state litigation. However, without the legislature defining this type of healthcare as legally-protected, it remains vulnerable. Twenty-two states have implemented bans on this life-saving care within the past few years. One such state [has already filed a lawsuit](#) to obtain information on a patient who sought out-of-state gender affirming care, the penalties for which can include losing medical licenses, as well as civil and criminal lawsuits aimed at patients *and* providers. Our neighbors in Ohio, West Virginia, and Pennsylvania are among the states with active or proposed bans in place; Maryland must continue to be a safe haven for transgender people and pass this technical fix to ensure that this life-saving care remains protected in our state.



Passage of SB 119 will ensure that no one ideologically-driven person or state government will be permitted to dictate the ability of any Marylander to make their own decisions about their bodies or their lives. For these reasons, the Human Trafficking Prevention Project respectfully urges a favorable report on Senate Bill 119.

***The Human Trafficking Prevention Project is dedicated to ending the criminalization of sex workers and survivors of human trafficking through access to civil legal services and support for policies that dismantle harmful systems and increase access to basic human rights and legal relief.***

***For more information, please contact:  
Jessica Emerson, LMSW, Esq.  
Director, Human Trafficking Prevention Project  
(E): [jemerson@ubalt.edu](mailto:jemerson@ubalt.edu)***

# **MLAW Testimony - SB119 - Legally Protected Health**

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB119  
Title: Legally Protected Health Care - Gender-Affirming Treatment  
Committee: Finance  
Hearing: February 15, 2024  
Position: SUPPORT

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The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women’s groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW’s purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB119 - Legally Protected Health Care - Gender-Affirming Treatment** is a priority on the [2024 MLAW Agenda](#) and we urge your support.

With the passage of SB119, healthcare workers who provide gender-affirming care will be legally protected, which ensures they will be able to continue providing high-quality healthcare to all women and transgender people.

There is a nationwide rise in threats against gender-affirming care (GAC) providers and patients just like the ones against abortion providers, coming from the same regressive, extremist forces that do not align with the values of a vast majority of Marylanders. As gender-affirming care becomes criminalized in other states, we can expect to see more out-of-state transgender patients traveling to Maryland for gender-affirming healthcare. Like abortion care, access to gender-affirming care touches on core issues of personal autonomy, and it is essential that we ensure that all Marylanders have a right to direct their healthcare.

Last year, the MDGA passed shielding legislation for reproductive care providers (SB859/ HB808). That bill was a victory and a step in the right direction, however, the shield we handed our abortion care providers has holes in it. We aim to build upon last year’s great victory with our bill by extending those same protections to gender-affirming care providers and patients. Most abortion care providers in Maryland also provide gender-affirming care, and transgender people deserve access to lifesaving, medically necessary healthcare to be legally protected. When we protect reproductive care but not gender-affirming care, we’re still leaving abortion care providers at risk. This can reduce access to abortion in Maryland. The effects would be devastating, especially as we’re already facing a staffing crisis in healthcare.

In addition to going after providers and patients, there have been attempts in other states to prevent parents from being able to assist their children in accessing gender-affirming care. So, in addition to protecting women seeking care, it is imperative that Maryland protect mothers who are helping their children access essential health care.

If passed, transgender women will have the legal protections they need to access lifesaving, medically necessary gender-affirming healthcare. Gender-affirming care is critical and necessary for trans women because “passing” helps to vastly reduce the gender-based violence that targets trans women, improves mental health outcomes for trans women by reducing suicide rates and depression, and alleviates other types of discrimination.

**For these reasons, MLAW strongly urges the passage of SB119.**

**Maryland Legislative Agenda for Women**  
102 W. Pennsylvania Avenue, Suite 100 • Towson, MD 21204 • 443-519-1005 phone/fax  
[mdlegagenda4women@yahoo.com](mailto:mdlegagenda4women@yahoo.com) • [www.mdlegagendaforwomen.org](http://www.mdlegagendaforwomen.org)

## MLAW 2024 Supporting Organizations

The following organizations have signed on in support of our 2024 Legislative Agenda:

1199 SEIU United Healthcare Workers East  
AAUW Anne Arundel County  
AAUW Garrett Branch  
AAUW Kensington-Rockville Branch  
AAUW Maryland  
Adolescent Single Parent Program (PGCPS)  
Anne Arundel County Commission for Women  
Anne Arundel County NOW  
Baltimore County Commission for Women  
Black Women for Positive Change, Baltimore Chapter  
Bound for Better, Advocates for Domestic Violence  
Bound for Better, advocates for Domestic Violence  
Business & Professional Women/Maryland  
Center for Infant & Child Loss  
Child Justice, Inc.  
Church Women United, Inc.  
Climate XChange Maryland  
Court Watch Montgomery  
CTLDomGroup Inc  
DABS Consulting, LLC  
Engage Mountain Maryland  
Frederick County Commission For Women  
If/When/How at University of Baltimore School of Law  
Lee Law, LLC  
Les Etoiles in Haiti  
Maryland Coalition Against Sexual Assault  
Maryland Legislative Coalition  
Maryland Network Against Domestic Violence  
Maryland WISE Women  
Miller Partnership Consultants  
MomsRising  
Montgomery County Alumnae Chapter, Delta Sigma Theta Sorority, Inc.  
Montgomery County NOW  
National Coalition of 100 Black Women, Inc., Anne Arundel County Chapter  
National Organization for Women, Maryland Chapter  
Rebuild, Overcome, and Rise (ROAR) Center at UMB  
REHarrington Plumbing and Heating  
Reproductive Justice Maryland  
Stella's Girls Inc  
The Federation of Jewish Women's Organizations of Maryland  
The Hackerman Foundation  
The Relentless Feminist  
The Salvation Army Catherine's Cottage  
Top Ladies of Distinction, Inc., Patuxent River  
Top Ladies of Distinction, Prince George's County  
TurnAround Inc.  
University System of Maryland Women's Forum  
Women of Action Maryland  
Women's Equity Center and Action Network (WE CAN)  
Women's Law Center of Maryland  
Zeta Phi Beta Sorority, Incorporate - Alpha Zeta Chapter  
Zonta Club of Annapolis

### **Maryland Legislative Agenda for Women**

**102 W. Pennsylvania Avenue, Suite 100 - Towson, MD 21204 - 443-519-1005 phone/fax**  
**[mdlegagenda4women@yahoo.com](mailto:mdlegagenda4women@yahoo.com) - [www.mdlegagendaforwomen.org](http://www.mdlegagendaforwomen.org)**

# **One Pasadena Senate Bill 119 - FAVORABLE.pdf**

Uploaded by: John Jasen

Position: FAV

**Senate Bill 119 - FAVORABLE**  
**Finance Committee**

Honorable Chair, Vice Chair, and Members of the Finance Committee;

We, the Steering Committee members of One Pasadena, ask that you give Senate Bill 119 a favorable report.

One Pasadena is a community group that is working to change the culture of bigotry that Pasadena, Maryland is known for. We are dedicated to making our community a safer and more inclusive place, and are writing this testimony because we believe that every community in this country should be safe and inclusive.

Currently, an overwhelming number of states have criminalized or severely limited gender-affirming healthcare for transgender people. Study after study has shown that gender-affirming healthcare saves lives by reducing depression and suicidality. Study after study has also shown that gender-affirming healthcare is safe, including for youth.

Well-regarded healthcare groups, such as the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American Medical Association, the American Psychological Association, the American Psychiatric Association, and the Endocrine Society, support the availability of gender-affirming healthcare. Legislators that ban gender-affirming healthcare are knowingly ignoring the experts in healthcare.

Tens of thousands of youth are in danger because they can no longer access gender-affirming healthcare in their states. We can save the lives of many of them by making it safe for them and their families to obtain such healthcare in Maryland. We can save their futures by preventing other states from using us to punish them for getting healthcare here.

We urge you to give Senate Bill 119 a Favorable report. Thank you for your consideration.

Sincerely,  
The One Pasadena Steering Committee  
Pasadena, MD

# **SB119 testimony Zittrauer.pdf**

Uploaded by: John Zittrauer

Position: FAV

Hi, I'm John Zittrauer and I would like to testify in favor of SB 119 and in favor of basic decency regarding medical care for all people, regardless of their fixed address. Gender affirming care has saved the lives of multiple friends, and it should be accessible to anyone who needs it. Necessary medical care saves lives, and we have an obligation to provide it. If we are truly a state that understands bodily autonomy, we will show it by passing this bill quickly.



**SB 119\_MD Center on Economic Policy\_FAV.pdf**

Uploaded by: Kali Schumitz

Position: FAV

# Protecting Access to Essential Health Care is Important for Marylanders and Medical Providers

## Position Statement Supporting Senate Bill 119

*Given before the Senate Finance Committee*

Every Marylander deserves to get the essential health care they need not just to survive, but to thrive. For transgender individuals, that essential health care includes gender-affirming treatments. Unfortunately, some states are now passing laws targeting people seeking gender-affirming care and the providers who offer such care. **The Maryland Center on Economic Policy supports Senate Bill 119 because it will ensure patients can safely access care and providers can continue to offer care in Maryland without the fear of becoming the target of discriminatory lawsuits and other punitive actions.**

Ensuring people can access gender-affirming care supports improved mental health and could reduce instances of workplace and housing discrimination that transgender people too often face. Because of chronic stress linked to discrimination, people who are transgender are up to three times more likely than the general population to have a mental health or substance use disorder.<sup>1</sup> That's why major medical associations including the American Medical Association, American Psychiatric Association, and American Academy of Pediatrics all consider comprehensive treatment for transgender people to be essential.

SB 119 provides a technical fix that adds this essential care as legally protected health care in Maryland. This protects patients and providers from potential harmful actions from other states. It prohibits law enforcement and other Maryland agencies from assisting with out-of-state investigations and ensures licensing boards do not discipline providers for out-of-state complaints. The bill does not make any changes to the types of care that are already allowed in Maryland.

While Governor Moore has signed an executive order that is currently providing these protections, legislative action will ensure that transgender patients and those providing gender-affirming care can count on Maryland to continue to be a safe place to live and receive necessary, life-saving health care.

**For these reasons, the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 119.**

## Equity Impact Analysis: Senate Bill 119

### *Bill Summary*

SB 119 would:

- Shield consumers, providers, and support individuals from extradition for gender-affirming care provided in Maryland
- Prohibit Maryland agencies and law enforcement from assisting with out-of-state investigations related to gender-affirming care provided in Maryland
- Prohibit occupational boards from disciplining a licensed or certified provider based on an out-of-state complaint related to gender-affirming care

### *Background*

In 2023, Governor Wes Moore issued an executive order protecting patients receiving and providers offering gender-affirming care from litigation. However, an executive order does not provide the same level of permanent protection as legislation would.

### *Equity Implications*

The 2015 U.S. Transgender Survey showed that transgender Marylanders face much higher levels of poverty and economic instability than others in the state:

- 9% of respondents were unemployed at the time of the survey, about double the statewide average at that time, and more than 1 in 5 reported incomes below the federal poverty level.
- 1 in 4 respondents reported experiencing various types of employment discrimination because of their gender identity or expression, such as being fired, not being hired, or being denied a promotion.
- Nearly 1 in 4 respondents also reported experiencing housing discrimination in the past year, such as being evicted or being denied a home or apartment, because of their gender identity or expression. 28% reported experiencing homelessness at some point in their lives.

Further, transgender people of color face even more pervasive challenges due to the combined impact of anti-transgender bias and racism. One national survey found that:<sup>ii</sup>

- Black transgender people had an extremely high unemployment rate at 26%, two times the rate of the overall transgender sample and four times the rate of the general population.
- 41% of Black respondents said they had experienced homelessness at some point in their lives, more than five times the rate of the general U.S. population.
- Black transgender people lived in extreme poverty with 34% reporting a household income of less than \$10,000 per year. This is more than twice the rate for transgender people of all races (15%), four times the general Black population rate (9%), and eight times the general U.S. population rate (4%).

The ability to receive gender-affirming care is linked to improved mental and physical health and could increase economic stability by reducing employment and housing discrimination.

### *Impact*

Senate Bill 119 will likely **improve racial, gender, and economic equity** in Maryland.

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<sup>i</sup> Letter from American Medical Association CEO James Madara to the National Governor’s Association, April 21, 2021. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>

<sup>ii</sup> “New Analysis Shows Startling Levels of Discrimination Against Black Transgender People,” National LGBTQ Task Force. <https://www.thetaskforce.org/new-analysis-shows-startling-levels-of-discrimination-against-black-transgender-people/>

# **NASW Maryland - 2024 SB 119 FAV - Gender Affirming**

Uploaded by: Karessa Proctor

Position: FAV

**Testimony Before the Senate Committee  
February 14, 2024**

**SB 119 - Legally Protected Health Care - Gender-Affirming Treatment**

**\*\*SUPPORT\*\***

The National Association of Social Workers – Maryland Chapter is a professional organization representing over 3,000 social workers statewide. We are writing to you in support of Senate Bill 119 - Legally Protected Health Care - Gender-Affirming Treatment.

This proposed bill further expands upon the civil and human rights work established through the recent passage and implementation of critical legislation such as the Trans Health Equity Act.<sup>1</sup> NASW-MD supports the proposed efforts incorporated in SB 119 to include altering and modernizing the definition of “legally protected health care” to include gender affirming care (GAC), and to include prohibiting disciplinary action against licensed healthcare practitioners for providing or supporting the provision of GAC.

As social workers (licensed healthcare practitioners) – we have long recognized that GAC is a critical component of whole-person care and that access to this type of evidence-based and individually focused medical and behavioral health care significantly improves the social and mental health outcomes for transgender and gender diverse individuals (TGD).

Access to GAC improves life satisfaction<sup>2</sup> for TGD individuals while drastically reducing rates of depression, anxiety, and suicide. Furthermore, access to GAC also improves the mental health and well-being of parents, caregivers, and family members – many of whom experience collateral traumatic stress resultant from trying to navigate a highly fragmented and often hostile healthcare system to help link their loved ones with timely access to affirming care.

We also recognize that TGD people and their parents, families, and support systems are under extreme duress given the exponential rise in LGBTQIA+ legislation – much of which targets TGD adolescents. This social context has forced many individuals, families, and their support systems to flee states that have passed GAC bans because it is no longer safe to live, work, or even exist.

(over)

Such legislative efforts have also simultaneously criminalized helping professionals like social workers, physicians, nurses, and other allied care providers for providing evidence-based care to TGD individuals. Our explicit commitment to social justice is enshrined within our Social Work Code of Ethics, which calls upon us to protect and support historically marginalized people (which includes TGD people and communities). No provider should be subject to disciplinary action or any other such consequences for rendering, for supporting, or for enabling access to life-saving Gender Affirming Care.

It is of the utmost importance that you support the passage of SB 119 so that the state of Maryland can remain a leader in the civil and human rights and can continue to maintain a robust mental health and healthcare workforce.

We remain grateful that those entrusted with the governance of this state have taken meaningful actions to emphasize that this will be a safe place for TGD people. In a time that is seemingly defined by hostility and by division, our state can continue to be a place of hope and opportunity where all are welcome.

**On behalf of NASW-MD we urge a favorable report on SB 119.**

Respectfully,

Karessa Proctor, BSW, MSW  
Executive Director, NASW-MD

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*1 The Trans Health Equity Act requires Medicaid to cover additional gender-affirming care, ensuring equitable health care access for individuals who are transgender and gender diverse.*

*2 James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. (2024). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC.*

# **SB119Testimony.pdf**

Uploaded by: Kim Palm

Position: FAV



SB119

In favor  
FAV

I am writing to support SB119. Protecting trans Marylanders is of utmost importance in a time when hundreds of anti trans laws are being introduced all over the country and abroad. Making gender affirming care legally protected will strengthen the rights of trans Marylanders and protect them further.

Please pass SB119.

Thank you,  
Kim Palm  
9264 Throgmorton Road  
Baltimore MD 21234

**SB119\_Testimony.pdf**

Uploaded by: Kristen Monthei

Position: FAV

**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

Thank you for the chance to testify in support of Senate Bill 119.

My name is Kristen Monthei and I am a resident of District 7. I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

I believe that SB119 is important because everyone deserves to live authentically without fear of prosecution.

I am the mother of a beautiful and vibrant trans-female 19 year old daughter. I have watched her struggle with severe gender dysphoria which has led to feelings of low self-worth, anxiety, disassociation, suicidal ideation and depressive symptoms. Although we have always been an extremely supportive family, it wasn't until she started hormone therapy that we began to see how much of a difference it made in her confidence and self-perception. I believe it saved her life.

This bill should be passed so that anyone needing gender affirming care can be protected and have the opportunity to live a safe, active, happy and healthy life. It is also important to protect our medical professionals who provide this care.

Please support this vulnerable community and give them the chance to live with the authenticity dignity they deserve. I strongly urge you to support SB119.

Thank you for your consideration,

Kristen Monthei  
407 Montemar Ave  
Catonsville, MD 21228

# Support SB 0119 - Trans Maryland.pdf

Uploaded by: Lee Blinder

Position: FAV

# TRANS MARYLAND



Trans Maryland  
1800 E Northern Parkway #66332  
Baltimore MD 21239

## **Senate Bill #0119 Legally Protected Health Care – Gender–Affirming Treatment**

Finance Committee

February 15, 2024

**Position: Support**

Greetings Chair Beidle, Vice Chair Klausmeier, and the esteemed members of the Senate Finance Committee. Trans Maryland is a multi-racial, multi-gender community power building organization for Maryland's trans community. Trans Maryland runs the state's largest name and gender marker change program, offering peer-to-peer guidance and financial assistance to Marylanders seeking a name and gender marker change. We also run the state's largest peer to peer connection space for Trans Marylanders. We represent thousands of transgender Marylanders who have detailed the barriers they face in accessing affirming medical care. We urge the legislature to enact Senate Bill #0119, a technical fix to codify Governor Moore's [executive order](#) clarifying that lifesaving gender affirming care is protected by last year's Reproductive Health Act.

Gender affirming care is crucial life-saving care for the transgender people Marylanders that Trans Maryland serves, recognized as medically necessary by every major U.S medical and mental health organization including the [American Medical Association](#). A recent [survey](#) of peer-reviewed scientific studies by the World Professional Association for Transgender Health (WPATH), demonstrates hundreds of studies showing culminating in a recommendation that "health care systems should provide medically necessary gender affirming health care for transgender and gender diverse people" and that denying access to gender affirming care leads to [serious injury](#) and [death](#).

Yet in the past year, we at Trans Maryland have seen a sharp rise in new Marylanders seeking our services, Marylanders who were fleeing the now [twenty-two states](#) that have banned at least some manner of gender affirming care. Most striking, we have seen many new transgender Marylanders from Florida, which last year banned gender affirming care, not just for youth, but also [80% of transgender adults](#) there.

The Reproductive Health Act protects gender affirming care, but the wording is vague. While Governor Moore's [executive order](#) clarifies that the vague text in the Reproductive Health Act protects gender affirming care, that vagueness could be used against transgender Marylanders as more Americans flee to become Marylanders as these attacks on transgender rights worsen in the coming years.

Maryland needs to enact Senate Bill #0119, this simple technical fix to the Reproductive Health Act, to ensure transgender Marylanders have the full protections of their government from outside states that are [actively attempting to impose their discriminatory laws](#) on transgender Marylanders, laws which threaten our very lives. It is time for the law to be crystal clear for transgender Marylanders, Maryland is a safe space for them. For these reasons, **we urge a favorable report on this Bill # SB 0119.**

**2024 SB119 NAPNAP Legally Protect GA Care .pdf**

Uploaded by: Lindsay Ward

Position: FAV

2/11/24

Maryland Senate  
Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **support of SB119 Legally Protected Health Care - Gender-Affirming Treatment.**

In 2023, the Maryland General Assembly passed the Reproductive Health Protection Act (SB859/HB808), which protects abortion providers, patients, and support networks from out-of-state litigation. Unfortunately, the Reproductive Health Protection Act did not include gender-affirming care in the definition of "legally protected healthcare". This omission puts those seeking, providing, or assisting with gender-affirming care at risk, and leaves huge holes in the shield for reproductive care, as many providers do both.

SB119/HB691 is a simple technical fix that adds gender-affirming healthcare to the definition of "legally protected healthcare" in Maryland. In 2023, the Maryland General Assembly passed the Reproductive Health Protection Act (SB859/HB808), which protects abortion providers, patients, and support networks from out-of-state litigation.

Gender-affirming care is recognized as medically necessary healthcare by every major medical association, including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics. Eleven states and the District of Columbia have shielding laws that include gender-affirming care, and three more states have introduced bills to do so this year. Last year, Governor Moore signed an Executive Order that shields gender-affirming care from out-of-state litigation. However, without the legislature defining this care as legally protected healthcare, it remains vulnerable.

Twenty-two states have implanted bans on this life-saving care within the past few years. One such state has already filed a lawsuit to obtain information on a patient who sought out-of-state care. The penalties for providing gender-affirming care can include losing medical licenses, as well as civil and criminal lawsuits aimed at patients and providers. Our neighbors in Ohio, West Virginia, and Pennsylvania are among the states with proposed bans or bans in place. Maryland must continue to be a safe haven for transgender people and pass this technical fix to ensure that this life-saving care remains protected in our state.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **support of SB119 Legally Protected Health Care - Gender-Affirming Treatment and requests a favorable OR unfavorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further



assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, Lindsay J. Ward at 410-507-3642 or at [mdchesnapnpleg@outlook.com](mailto:mdchesnapnpleg@outlook.com).

Sincerely,

Lindsay J. Ward MS, BSN, CPNP-PC, IBCLC  
Certified Registered Nurse Practitioner- Pediatric Primary Care  
International Board-Certified Lactation Consultant  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter President

*Evgenia Ogordova*

Evgenia Ogordova-DNP  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Legislative Chair



# **Gender affirming care - testimony - senate - 2024**

Uploaded by: Lisae C Jordan

Position: FAV



**Working to end sexual violence in Maryland**

P.O. Box 8782  
Silver Spring, MD 20907  
Phone: 301-565-2277  
Fax: 301-565-3619

For more information contact:  
Lisae C. Jordan, Esquire  
443-995-5544  
[www.mcasa.org](http://www.mcasa.org)

**Testimony Supporting Senate Bill 119**  
**Lisae C. Jordan, Executive Director & Counsel**  
February 15, 2024

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Finance Committee to report favorably on Senate Bill 119.

**Senate Bill 119 – Gender Affirming Care**

The goal of this bill is to enhance protections for the transgender community as well as their healthcare providers by removing obstacles to the safe provision of necessary healthcare and shielding them from the threat of legal prosecution and/or unjust professional sanction.

This bill follows on the tremendous work done last year by the Maryland General Assembly to shield reproductive health care patients and providers through the Reproductive Health Protection Act, and seeks to expand the definition of "legally-protected care" in the Maryland code set forth by that bill, to include gender-affirming care. Doing so would have the effect of extending the umbrella of protections now enjoyed by reproductive health patients and providers to the transgender community as well. This bill would also serve to codify and enhance the protections established in Governor Moore's Executive Order of June, 2023.

The transgender community experiences disproportionately high rates of sexual violence. An estimated 47% of transgender people are sexually assaulted at some point in their lifetime. (National Center for Transgender Equality, "The Report of the 2015 U.S. Transgender Survey Executive Summary," December 2016). MCASA encourages this Committee to report favorably on SB119 as part of a larger effort to increase safety and support for all survivors.

**The Maryland Coalition Against Sexual Assault urges the  
Finance Committee to  
report favorably on Senate Bill 119**

**SB0119\_MaraGreengrass\_FAV.pdf**

Uploaded by: Mara Greengrass

Position: FAV

February 15, 2024

Mara R. Greengrass  
Rockville, MD 20852



**TESTIMONY ON SB0119 - POSITION: FAVORABLE**  
**Legally Protected Health Care - Gender-Affirming Treatment**

**TO:** Chair Pamela Beidle, Vice Chair Katherine Klausmeier, and members of the Finance Committee

**FROM:** Mara R. Greengrass, on behalf of Jews United for Justice

**My name is Mara Greengrass and I am a resident of District 18. I am submitting this testimony on behalf of Jews United for Justice in support of SB0119, Legally Protected Health Care - Gender-Affirming Treatment. JUFJ organizes over 6,000 Jewish Marylanders and allies from all over the state in support of social, racial, and economic justice.**

Passage of the Reproductive Health Protection Act last year was a step toward protecting Marylanders and our right to medically necessary care. We hope you will extend that protection to our trans neighbors by including gender-affirming treatment as legally protected healthcare.

One of the fundamental principles of Judaism is *pikuach nefesh*, saving a life. We're not only *allowed* to disregard laws or traditions in service of saving even one life, the rabbis tell us we're *required* to do so. And this includes both physical and mental health.

Health care providers and researchers overwhelmingly agree that evidence-based treatments such as counseling, social transition, and hormones make a meaningful difference in trans lives. Conversely, research shows that rates of suicide and self-harm skyrocket when gender-affirming care is not available and accessible to trans individuals.

A doctor refusing to provide life-saving healthcare is not only cruel but deeply harmful to the mental health and well-being of patients. Furthermore, transphobic laws that ban people from seeking and receiving gender-affirming care are putting doctors at risk. Some doctors have even voiced their concerns about treating non-Maryland patients, for fear of being charged or having their license suspended by law enforcement and state agencies in states that have banned gender-affirming care. Doctors who continue to deny their patients gender-affirming care for fear their license might be revoked by treating out-of-state patients put gender-expansive, nonbinary, and transgender patients all across America at risk.

Passage of SB0119 will ensure health care providers won't lose their license or be arrested for helping their patients and state agencies won't reveal health information to out-of-state law enforcement. It will make it easier and safer to provide gender-affirming care. **We respectfully urge this committee to return a favorable report on SB0119.**

# Support SB0119.pdf

Uploaded by: Maria Eleni Nikita

Position: FAV

## **Support: Senate Bill 119, Legally Protected health Care – gender – Affirming Treatment**

**2/14/2024**

Dear Chair, Vice-Chair and Members of the Senate,

I am writing this letter to express my strong support for Senate Bill 119. I urge you to vote in favor of this bill as it is crucial for ensuring the legal protection of gender-affirming care for transgender and gender-diverse individuals in Maryland.

As a pediatric endocrinologist specializing in the care of transgender and gender-diverse youth, I have witnessed firsthand the profoundly positive impact that gender-affirming healthcare can have on the lives of these individuals. Gender-affirming care, including hormone therapy, surgical interventions, and mental health support, plays a vital role in the health and well-being of transgender and gender-diverse individuals. Medical organizations such as the American Medical Association, American Academy of Pediatrics, and The Endocrine Society support access to gender-affirming care, recognizing it as a medically necessary treatment for those experiencing gender dysphoria.

However, despite the clear medical necessity of gender-affirming care, state laws and policies that prohibit or restrict minors' access to gender-affirming care have become more prevalent in recent years. Currently, 23 US states have implemented policies that limit young people's access to such care, affecting 38% of transgender youth who live in states with these policies. Additionally, 21 states impose professional or legal penalties on healthcare practitioners who provide gender-affirming care to minors. Some state legislatures have even passed bills that criminalize this health care. Without legal protection, providers may hesitate to offer gender-affirming care due to fear of legal consequences. This hesitancy not only limits access to essential medical treatment but also perpetuates stigma and discrimination against transgender and gender-diverse individuals.

By enacting Senate Bill 119, we can ensure that transgender and gender-diverse individuals in Maryland have access to timely and appropriate gender-affirming care that they need to live authentic and fulfilling lives. Furthermore, such legal protection can allow the safe extension of care to patients from out of state without fearing legal repercussions. Over the last couple of years, I have witnessed families, including my own patients, uprooting and disrupting their lives in order to be able to provide lifesaving and medically necessary gender-affirming care to their children. No family should be forced to choose between accessing essential medical treatment for their child and maintaining their established life and community ties. Legal protection for healthcare providers like myself who offer gender-affirming care can help reduce these barriers and improve access to care, thereby reducing health disparities within this population. It also sends a powerful message of acceptance and support to transgender and gender-diverse individuals in Maryland, fostering a more inclusive and equitable society for all.

In conclusion, I urge you to support Senate Bill 119, which will ensure the legal protection for gender-affirming care for transgender and gender-diverse individuals to in-state and out-of-state residents. By doing so, we can ensure that transgender and gender-diverse individuals receive the

compassionate, affirming, and medically appropriate care they deserve. Thank you for your attention to this critical issue.

Sincerely

Maria Eleni Nikita, MD

*She/her*

Assistant professor

Division of Pediatric Endocrinology

University of Maryland School of Medicine



# Written Testimony - Legislation SB0119.pdf

Uploaded by: Matthew Decker

Position: FAV

**Legislation SB0119**  
**Legally Protected Health Care - Gender-Affirming Treatment**

Matthew Decker  
6207 Chronicle Street  
Hyattsville, MD 20782  
410-790-0815  
[matthew.decker@montgomerycollege.edu](mailto:matthew.decker@montgomerycollege.edu)

Position: Support

To Whom It May Concern:

I appreciate the opportunity to share my experience. As a private citizen and an educator, I wholeheartedly support legislation that protects gender-affirming care. I have witnessed firsthand how challenging it can be for my friends and students to navigate gender affirmation, and I can only imagine how much harder an already-vulnerable position becomes when proper care and necessary medications are inaccessible.

Recently, I had the privilege of supporting a student who was very open with me about their transition. Over two semesters and across two English composition courses, I witnessed this student bloom. Originally, quiet and withdrawn, they seemed to rediscover themselves with the help of gender-affirming care. Even as an outsider to my student's lived experience, I could tell a burden was lifted. They found a more confident voice, they embraced new opportunities at the college, they took on multiple leadership roles—all these fantastic outcomes can be tied to the support my student received throughout the various stages of their gender-affirming care.

Of course, this is only one example, but the story I have shared is not uncommon. Beyond the college, beyond the city, and beyond our state there are countless individuals in need of care. My hope is this legislation will serve them in their times of need. The definition of "legally protected health care" should indeed include gender-affirming treatment.

# **MEnglish Senate Bill 119 Fav - Google Docs.pdf**

Uploaded by: Michael English

Position: FAV

**Senate Bill 119**  
**Legally Protected Health Care - Gender-Affirming Treatment**  
**February 15, 2024**  
**Support**

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

My name is Mike English, I am a resident of District 20 and live in downtown Silver Spring. I am submitting this testimony in support of SB119, Legally Protected Healthcare - Gender-Affirming Treatment, which would add gender-affirming care to the definition of legally protected healthcare in Maryland.

I support this bill for both personal and broader values based reasons. Without getting heavily into stories that aren't mine to tell, someone very important to me is trans, and I've seen how much good the treatment she has received has done for her, and just how life changing it can be.

Maryland has recently been asserting itself as a leader in providing gender affirming care and enshrining protections to the transgender/non-binary community in law. That is wonderful and welcome for people fortunate enough to live in Maryland, but I don't think I need to tell you that other states are less progressive on this matter, and in fact punish those seeking vital care elsewhere. We need this law as a common sense, but vital, extension of the same step we take for reproductive health. We know people will come here for care, and we need to make sure that they, and those that assist them in getting needed care, as well as care providers, are protected from legal repercussions.

Not everyone is lucky enough to live in Maryland, we have a moral obligation to help them too. This bill will help us meet that challenge, not to mention it will protect Maryland doctors and other providers from legal and financial threats to their operations.

**I respectfully urge this committee to return a favorable report on SB119.**

**Thank you,**  
Mike English  
Silver Spring



**2024 FAVORABLE SB 119 Testimony.pdf**

Uploaded by: Michael Huber

Position: FAV

**TO:** The Honorable Pamela Beidle, Chair  
Finance Committee

**FROM:** Dr. Errol Fields, M.D., Ph. D., M.P.H  
Johns Hopkins Medicine

Dr. Helene Hedian, M.D.  
Johns Hopkins Medicine

Dr. Fan Liang, M.D.  
Johns Hopkins Medicine

Paula M. Neira, J.D., M.S.N., R.N., C.E.N., F.A.A.N.  
Johns Hopkins Medicine

**DATE:** February 14, 2024

**SB 119 – Legally Protected Health Care – Gender-Affirming Treatment**

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Thank you for the opportunity to submit this written testimony on behalf of Johns Hopkins University and Medicine. Johns Hopkins urges a favorable report on **Legally Protected Health Care – Gender-Affirming Treatment (SB 119)**.

The undersigned are clinicians representing the specialties of internal medicine (Dr. Hedian), pediatrics and adolescent medicine (Dr. Fields), plastic and reconstructive surgery (Dr. Liang) and nursing, health equity and transgender/gender-expansive healthcare program subject matter expertise (Ms. Neira). Each of us has years, if not decades, of training and experience in providing medically-necessary, evidence-based care to transgender and gender expansive patients and are involved in the care provided by our interdisciplinary service line, the Johns Hopkins Center for Transgender and Gender Expansive Health (JHTCH).

Since its inception in 2017, JHCTH has interacted with thousands of transgender and gender expansive adults and youth seeking gender-affirming care. Many of those seeking care from our health system come from outside of Maryland. In the past two years, as many other states have enacted legislation designed to bar access to gender-affirming care for transgender and gender expansive youth and adults, and criminalize, or otherwise penalize, supportive parents and guardians as well as clinicians who provide such care, the number of non-Maryland residents seeking gender-affirming care in Maryland has increased markedly. The attacks on medically-necessary, evidence-based, gender-affirming care are unprecedented. The mere threat of potential criminal or civil penalty for providing appropriate legal care in Maryland negatively

impacts our ability to deliver high-quality medical care within Maryland. This extra-jurisdictional threat is designed to harass and intimidate both clinicians and patients.

Before 2020, no state banned gender-affirming care for transgender and gender expansive youth. By January of 2024, at least 23 states have attempted to ban this access to care. At least 16 states' attempts to implement such bans are being litigated in either state or federal courts. These actions are creating medical refugees within the United States in a similar manner to those seeking reproductive care. In 2023, over 725 anti-LGBTQ+ bills were offered across almost every state, including Maryland, and in Congress. In 2024, over 400 anti-LGBTQ+ bills have been offered across the states during the current legislation session. These bills or executive policies have been enacted over the objection of every major, reputable American health professional association often while ignoring the standards of care, best medical practices and expert testimony on the evidence-based practices.

Given the current national political environment and the widespread dissemination of intentional misinformation and gaslighting concerning gender-affirming care on the internet and social media, legislative actions to protect and defend those who are most vulnerable, and those who provide them care, is imperative.

Fears about the use of government power by bad actors to create additional barriers to care and perpetuate existing health inequities are not irrational. In fact, the attorneys general of Tennessee and Texas have already sought to obtain medical records from health care providers using the pretext of conducting "fraud" investigations into gender-affirming care. In the case of Texas, the attorney general has sought records from Washington- and Georgia-based clinicians and health systems related to care sought by Texas residents.

To counter this overreach, eleven states and Washington, DC have enacted "shield" laws to protect the provision of gender-affirming care. An additional 3 states have executive orders protecting gender-affirming care. In June 2023, Governor Moore signed Executive Order 01.01.2023.08, Protecting the Right to Seek Gender-Affirming Treatment in Maryland. This order directed state agencies to protect clinicians, health systems and patients traveling to Maryland to seek gender-affirming care. Further, it stated that, barring a court order from a Maryland or federal court, no state agency would comply with any subpoenas issued by other states seeking information about the provision of gender-affirming care in Maryland. While an important step furthering legal protections for transgender and gender expansive patients and their clinicians, the Executive Order noted that the actions of the Governor are limited to those actions within his legal discretion.

This bill strengthens those legal protections and ensures that a future gubernatorial administration cannot remove the protections by whim.

This bill provides the Maryland legislature an opportunity to again demonstrate our state's commitment to ensuring that all of our citizens, as well as our fellow Americans, can access medically-necessary, evidence-based healthcare without fear of harassment or intimidation.



Johns Hopkins University and Medicine urges the committee to issue a **favorable** report on **SB 119 - Legally Protected Health Care – Gender-Affirming Treatment**.

Thank you for your time and consideration.

Sincerely,

Dr. Errol L. Fields, M.D., Ph.D., M.P.H., F.A.A.P.  
Director of Pediatric and Adolescent Clinical Services  
Johns Hopkins Center for Transgender and Gender Expansive Health  
Director, Adolescent Medicine Fellowship  
Associate Professor of Pediatrics, Division of Adolescent/Young Adult Medicine  
Johns Hopkins School of Medicine

Dr. Helene Hedian, M.D.  
Assistant Vice Chair for LGBTQ+ Equity and Education  
Johns Hopkins University School of Medicine, Department of Medicine  
Assistant Professor, Johns Hopkins University School of Medicine, Department of Medicine,  
Division of General Internal Medicine  
Director of Clinical Education  
Johns Hopkins Center for Transgender and Gender Expansive Health

Dr. Fan Liang, M.D.  
Medical Director  
Johns Hopkins Center for Transgender and Gender Expansive Health  
Assistant Professor of Plastic and Reconstructive Surgery  
Johns Hopkins University School of Medicine, Department of Plastic and Reconstructive  
Surgery

Paula M. Neira, J.D., M.S.N., R.N., C.E.N., F.A.A.N.  
Program Director of LGBTQ+ Equity and Education  
Johns Hopkins Medicine Office of Diversity, Inclusion and Health Equity  
Assistant Professor of Plastic and Reconstructive Surgery  
Johns Hopkins University School of Medicine, Department of Plastic and Reconstructive  
Surgery

# 2024 MOTA SB 119 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 119

**Title:** Legally Protected Health Care - Gender-Affirming Treatment

**Hearing Date:** February 15, 2024

**Position:** Support

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The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 119 – *Legally Protected Health Care - Gender-Affirming Treatment*). This bill would add gender-affirming treatment to the definition of "legally protected health care."

This bill would now include gender affirming treatment as a legally protected health care which would protect Maryland providers and patients from out-of-state actions, such as criminal or civil investigations. For licensed practitioners, the bill also prohibits health occupation boards from disciplining a licensee because an out-of-state board disciplined the provider for the provision of gender-affirming health services that would have been legal in the State of Maryland. This provision is necessary to protect the licenses of occupational therapists and other health professionals who hold licenses in other states. The bill also prohibits malpractice insurance companies from raising Maryland rates if a health care practitioner has been disciplined for providing legally protected care.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at [mpaddy@policypartners.net](mailto:mpaddy@policypartners.net).

# **SB 119 Legally Protected Health Care- Gender-Affir**

Uploaded by: Nancy Soreng

Position: FAV



## **TESTIMONY TO THE SENATE FINANCE COMMITTEE**

### **SB 119: Legally Protected Health Care- Gender-Affirming Treatment**

**POSITION: Support**

**BY: Linda Kohn, President**

**DATE: February 15, 2024**

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. The League believes that everyone should have access to affordable, quality healthcare. The League believes that health care professionals and their patients should make decisions about treatment without interference from the government.

Gender-affirming care is recognized as medically necessary by every major medical association including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics. Despite this accepted, necessary and life-saving treatment, 22 states passed laws banning gender-affirming care. These bans often include provisions that allow civil actions and criminal prosecution of state residents who seek or obtain gender-affirming care in a different state, as well as the out-of-state providers and people who assist patients to obtain that care. Pennsylvania, West Virginia, and Ohio have passed such laws.

After the Supreme Court overruled *Roe v. Wade*, many states passed similar statutes banning or impermissibly restricting a person's ability to obtain reproductive care. In response, in 2023, the Maryland General Assembly passed the Reproductive Health Protection Act (HB 808/ SB 859) which protects patients, health care providers and those assisting patients from such litigation.

Specifically, the Reproductive Health Protection Act shields individuals from extradition, prohibits Maryland agencies and law enforcement from assisting out of state investigations of people who access, provide, or assist people to obtain reproductive care that is legal in Maryland, and prohibits licensing boards from investigating Maryland licensees and certificate holders solely because they provide legally-permitted reproductive care.

Senate Bill 119 would simply add gender-affirming healthcare to the definition of "legally protected health care" and give the same protection to those who provide, seek, or assist patients to obtain gender-affirming care that is legal in Maryland.

No one should be denied access to health care. Senate Bill 119 ensures that patients have access to and can obtain gender-affirming care. For these reasons the League of Women Voters Maryland, which represents more than 1,500 concerned citizens throughout Maryland, strongly urges a favorable report on Senate Bill 119.

**SB119\_HB691 GENDER AFFIRMING CARE FINAL.pdf**

Uploaded by: Nicole Hollywood

Position: FAV



## LEGISLATIVE TESTIMONY

Bill: **SB119/HB691 Gender Affirming Care**

Organization: PFLAG Salisbury Inc., PO Box 5107, Salisbury Maryland 21802

Submitted by: Nicole Hollywood, Board Member

Position: **FAVORABLE**

### **SALISBURY PFLAG SUPPORTS GENDER AFFIRMING CARE**

LGBTQIA+ people experience a number of health disparities. They are at higher risk of certain conditions, have significantly less access to health care, and have worse health outcomes. These disparities come from a combination of homophobia and transphobia, a lack of access to affirming healthcare, misinformation, and inequities in our health care system.

Gender-affirming care, as defined by the World Health Organization, encompasses a range of social, psychological, behavioral, and medical interventions “designed to support and affirm an individual’s gender identity” when it conflicts with the gender they were assigned at birth. The interventions help transgender and gender non-conforming individuals align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity. Gender-affirming care consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.

Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association and the American Psychiatric Association, affirms the benefits of gender-affirming care as overwhelmingly, gender-affirming healthcare practices have been shown in the research to result in lower rates of mental health issues, healthier self-esteem, and improve individual's overall quality of life. It is also important to note that to date, no reputable studies have reported findings that suggest GAC increases negative mental or physical health outcomes.

Gender-affirming care has always existed and isn’t a new phenomenon.” SB119/HB691 would amend the definition of "legally protected health care" to include certain gender-affirming treatment. These protections include:

- Shielding consumers, providers, and support individuals from extradition for gender-affirming care provided in Maryland
- Prohibiting Maryland agencies and law enforcement from assisting with out-of-state investigations of gender-affirming care legally protected in Maryland
- Prohibiting occupational boards from disciplining a licensed or certified individual over out-of-state complaints for gender-affirming care

SB119/HB691 will help address inequities in Maryland's current healthcare system that will greatly enhance the quality of life of thousands of transgender Marylanders. Because of this, we recommend a FAVORABLE report in committee.



**SB0119-FIN-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT  
MAYOR  
Office of Government Relations  
88 State Circle  
Annapolis, Maryland 21401

SB0119

February 15, 2024

**TO:** Members of the Senate Finance Committee  
**FROM:** Nina Themelis, Director of Mayor's Office of Government Relations  
**RE:** Senate Bill 119 – Legally Protected Health Care - Gender-Affirming Treatment  
**POSITION: FAVORABLE**

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 119.

SB 119 alters the definition of "legally protected health care" such that a person who provides gender-affirming treatment in Maryland (where this care is legal) may not be ordered to provide evidence or a statement in legal proceedings regarding the care they provided. In other words, if a Maryland health care provider provides or assists with gender-affirming treatment in Maryland, they may not be ordered to participate in legal proceedings related to care that they provided lawfully in Maryland, even if gender-affirming treatment is illegal in the state in which the proceedings are being held. As anti-trans bills sweep much of our country, it is imperative that Maryland further strengthens its status as a haven for care that we know to be safe and lifesaving.

More than 30 nationally recognized health care organizations, including the American Academy of Family Physicians, the American Psychiatric Association, the American Academy of Nursing, the American College of Physicians, the American Academy of Pediatrics, and the American Medical Association recognize the importance of gender-affirming treatment.<sup>i,ii,iii,iv</sup> This care is not only recognized as medically necessary – it is literally lifesaving. 40% of transgender adults in the US have attempted suicide.<sup>v</sup> These high rates of suicidal ideation have been shown to stem from discrimination, harassment, being rejected by family and friends, and “ill treatment within the health care system.”<sup>vi</sup> When people cannot obtain desired gender-affirming treatment, this further exacerbates these issues.<sup>vii</sup> Conversely, **gender-affirming treatment is associated with lower rates of suicidal ideation.** Additionally, gender affirming care has a very low rate of regret, including among young people.<sup>viii,ix</sup> Such care is safe and necessary, and Maryland must protect our health care providers who are providing this life saving treatment.

For these reasons, the BCA respectfully requests a **favorable** report on SB 119.

<sup>i</sup> American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Obstetricians and Gynecologists, American Osteopathic Association, & American Psychiatric Association. (2021). Frontline Physicians Oppose Legislation That Interferes in or Penalizes Patient Care. Retrieved from <https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/equality/ST-G6-FrontlinePhysiciansOpposeLegislationThatInterferesInOrPenalizesPatientCare-040221.pdf>

<sup>ii</sup> American College of Family Physicians. (2023). Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies. Retrieved from <https://www.aafp.org/about/policies/all/coverage-equity.html>

<sup>iii</sup> American Medical Association. (2023). Clarification of Evidence-Based Gender-Affirming Care. Retrieved from <https://policysearch.ama-assn.org/policyfinder/detail/%22Clarification%20of%20Evidence-Based%20Gender-Affirming%20Care%22?uri=%2FAMADoc%2FHOD-185.927.xml>

<sup>iv</sup> Transgender Legal Defense and Education Fund. (2023). Medical Organization Statements. Retrieved from <https://transhealthproject.org/resources/medical-organization-statements/>

<sup>v</sup> UCLA School of Law. (2023). More than 40% of transgender adults in the US have attempted suicide. Retrieved from <https://williamsinstitute.law.ucla.edu/press/transpop-suicide-press-release/>

<sup>vi</sup> Virupaksha, H. G., Muralidhar, D., & Ramakrishna, J. (2016). Suicide and Suicidal Behavior among Transgender Persons. Indian journal of psychological medicine, 38(6), 505–509. <https://doi.org/10.4103/0253-7176.194908>

<sup>vii</sup> Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics, 145(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>

<sup>viii</sup> Bruce, L., Khouri, A. N., Bolze, A., Ibarra, M., Richards, B., Khalatbari, S., Blasdel, G., Hamill, J. B., Hsu, J. J., Wilkins, E. G., Morrison, S. D., & Lane, M. (2023). Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy. JAMA surgery, 158(10), 1070–1077. <https://doi.org/10.1001/jamasurg.2023.3352>

<sup>ix</sup> Van der Loos, M., Hannema, E., Klink, D., Heijer, M. & Wiepjes, C. (2022). Continuation of gender-affirming hormones in transgender people starting puberty suppression in adolescence: a cohort study in the Netherlands. The Lancet, Child and Adolescent Health, 6(12), 869-875. [https://doi.org/10.1016/S2352-4642\(22\)00254-1](https://doi.org/10.1016/S2352-4642(22)00254-1)

**SB0119\_FAV\_MedChi, MDAAP, MACHC, MDACOG\_Legally Pr**

Uploaded by: Pam Kasemeyer

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



**ACOG**  
The American College of  
Obstetricians and Gynecologists  
Maryland Section

*The Maryland State Medical Society*  
63711 Cathedral Street  
Baltimore, MD 263701-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org

TO: The Honorable Pamela Beidle, Chair  
Members, Senate Finance Committee  
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

DATE: February 15, 2024

RE: **SUPPORT** – Senate Bill 119 – *Legally Protected Health Care – Gender-Affirming Treatment*

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On behalf of The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of The American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 119.

Maryland has supported access to medically necessary gender affirming care. However, similar to access to abortion care and other reproductive health care services, many states have and/or are considering bans on gender affirming care. As a result, many residents of those States must travel out-of-state to access needed care. Many of the State laws not only ban access to services in their state but also seek to criminalize the care provided to their citizens in another State. The efforts to intimidate providers and patients in Maryland requires access to information about gender affirming care to be provided in our state.

Under electronic health record systems, protected health information, including gender affirming care health records, is easily transferred between states. Information sharing is allowed by law if it is related to coordination of care among a patient's providers. Under most circumstances, care coordination improves the health outcomes of patients. But in the case of gender affirming care, information sharing is putting health providers and patients at great risk. Senate Bill 119 provides extra layers of protection for gender affirming care health information in electronic health record systems, often called health information exchanges. The legislation also ensures Maryland's state government protects personal information of patients and providers that may be stored in state databases.

Access to and the safe provision of gender affirming care services in Maryland depends on protecting the personal information of our providers and patients. A favorable report is requested.

**SB119\_FAV\_BHRC.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 15, 2024

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen Street, Annapolis, MD 21401

**Senate Bill 119 - Legally Protected Health Care-Gender-Affirming Treatment- FAVORABLE**

Dear Chair Beidle, Vice Chair Klausmeier and Senate Finance Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti- sex worker policies. As a certified Syringe Service Program we have provided essential health services across the state to trans individuals for years. For this reason and more we support SB119, the Legally Protected Health Care-Gender Affirming Treatment bill.

Maryland nurses and physicians see trans patients daily across Maryland. Existing legislation does not explicitly protect those providing gender affirming treatment. It is necessary to protect providers from possible prosecution for conducting essential gender affirming treatment services, such as Hormone Replacement Therapy which requires the types of supplies we provide. In the future, medical providers could become more fearful of providing these essential services, resulting in limited access to care. Without access to these services, our state would push vulnerable trans and gender diverse Marylanders further into the margins, exposing them to unemployment, housing discrimination, harassment, and interpersonal violence.

Protecting access to gender-affirming treatment is a community harm reduction strategy and supported by public health research. Studies have shown that transgender and gender diverse people with a history of gender-affirming surgery have significantly lower rates of behavioral health concerns such as substance use, suicidal ideation,<sup>1</sup> and sharing non-sterile syringes needed for gender-affirming medical care.<sup>2</sup>

Gender-affirming treatment providers deserve to be safe in order to provide necessary and vital care to trans Marylanders. **BHRC respectfully urges this committee to return a favorable report on SB119.**

For more information about BHRC on our position, contact [owen@baltimoreharmreduction.org](mailto:owen@baltimoreharmreduction.org).

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<sup>1</sup> Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surg.* 2021;156(7):611–618. doi:10.1001/jamasurg.2021.0952

<sup>2</sup> Jennifer L. Glick, Katherine M. Andrinopoulos, Katherine P. Theall, and Carl Kendall. Tiptoeing Around the System: Alternative Healthcare Navigation Among Gender Minorities in New Orleans. *Transgender Health* 2018 3:1, 118-126

# **Testimony in support of SB0119.pdf**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0119\_RichardKaplowitz\_FAV

2/15//2024

Richard Keith Kaplowitz  
Frederick, MD 21703

**TESTIMONY ON SB#/0119 – FAVORABLE**

**Legally Protected Health Care - Gender-Affirming Treatment**

**TO:** Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

**My name is Richard K. Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#0119, Legally Protected Health Care - Gender-Affirming Treatment**

Throughout the country we see jurisdictions rushing to ban gender affirming care for their residents. This bill says that Maryland will follow the science of this treatment and protect patients and doctors from assisting in prosecutions of those individuals by anyone opposed to humane and medically necessary treatments for gender dysphoria.

USA Today printed an article on the importance of gender affirming care. “Many leading medical organizations, including the [American Academy of Pediatrics](#), [American Medical Association](#), [the Endocrine Society](#) and [the American Psychiatric Association](#), support offering gender-affirming care.”<sup>1</sup>

The Columbia University Department of Psychiatry declares that “gender affirming care saves lives”.<sup>2</sup> This bill recognizes these medical opinions and ratifies Maryland will take a scientific and moral and ethical approach to gender care. Maryland can be a beacon of hope and sanity in a country where cruelty and political interference are putting their citizen’s lives in danger.

I urge this bill’s passage as a statement of the values of Maryland towards medical care without regard to religious or political interference.

**I respectfully urge this committee to return a favorable report on SB0119.**

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<sup>1</sup> <https://www.today.com/health/health/why-is-gender-affirming-care-important-rcna35957>

<sup>2</sup> <https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>



# **kranidis testimony transgender medical care.pdf**

Uploaded by: Rita Kranidis

Position: FAV

February 14, 2024

Written Testimony: Senator Lam, Re SB0119

I am writing in support of the bill to extend medical benefits and protections to individuals in need of medical care that is relevant to their transgender health conditions. I have first-hand knowledge of the needs of such individuals and want to advocate for providing all the medical care and support they require.

I am the parent of a teenager [17] who is non-binary, that is, does not identify as male or female. My child had always been active, intellectually and socially involved, was funny, had many friends. However, they went through a very difficult time at age 13, when my spouse and I feared that we would lose them. A sudden change happened and they did not get out of bed for weeks at a time, were not communicative, were extremely depressed and not functional. We tried to intervene with providing mental health care as well as medications, but for months there was no improvement. We stayed close to our child, letting them know that we were there for them and needed to know how we could help, that we would do our best to help them feel better.

Months into this horrific time, our child wanted to speak to us. They revealed that they did not identify as a girl and did not want to live as a girl; they would rather die. [We have learned since that they had become self-destructive and self-harming.] We knew that we needed to provide any and all support to alleviate our child's distress. We wanted them to live and to thrive, but they were very far from that. We committed to learn as much as we could about this condition, to provide information and a way through this awful time. We did research, spoke with many professionals and other parents. We identified a pediatric endocrinologist who met with our child for an initial consultation followed by carefully managed medical care that helped our child out of the abyss and into a more hopeful place.

My child is thriving today: they are creative, doing well academically, are very social again, and they planning travel abroad and internships with the National Parks. They are excited about life. They are emotionally healthy! If we did not have the resources to pursue treatment, there is no doubt in my mind that my child would not be alive today. I am thankful that I live in a state that affirms the value of every individual and goes to lengths to ensure that their rights are protected. Please do all you can to ensure that we continue to be humane and supportive of those who need us the most: teenagers, young adults and others who face rejection from many directions and must have support from us.

Thank you.



Rita Kranidis  
610 Thayer Avenue  
Silver Spring, MD 20910  
[rskranidis@yahoo.com](mailto:rskranidis@yahoo.com)  
cell, 301-357-0853

# 2024 ACNM SB 119 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** SB 119 – Legally Protected Health Care – Gender Affirming Treatment

**Hearing Date:** February 15, 2024

**Position:** Support

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The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports *Senate Bill 119- Legally Protected Health Care – Gender Affirming Treatment*. The bill expands Maryland’s shielding law to include gender-affirming care, so that people seeking gender-affirming care, their families, and their Maryland providers are safe from attempts of other states to penalize them. Twenty-two states have banned gender-affirming care for minors, forcing families to make the difficult decision between discontinuing medically necessary care or risk traveling out-of-state. Please pass this legislation to protect Maryland providers and most importantly our patients and their families. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2024 LCPCM SB 119 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill:** SB 119 – Legally Protected Health Care – Gender Affirming Care

**Hearing Date:** February 15, 2024

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) strongly supports *Senate Bill 119 – Legally Protected Health Care – Gender Affirming Treatment*. This legislation would extend Maryland’s reproductive health shielding law to gender affirming care.

Twenty-two states have banned gender-affirming care for minors. We are deeply concerned about the impact on the mental health of youth in those states. For transgender and nonbinary youth, gender affirming care reduces the rate of depression by 60% and suicide ideation by 73%.<sup>i</sup> This legislation is urgently needed to protect people who come to Maryland for gender-affirming care, their families, and their Maryland providers.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

**2024 MCHS SB 119 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



## Maryland Community Health System

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 119 – Legally Protected Health Care – Gender Affirming Treatment

**Hearing Date:** February 15, 2024

**Position:** Support

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Maryland Community Health System (MCHS) supports *Senate Bill 119 – Legally Protected Health Care – Gender Affirming Treatment*. The bill expands Maryland’s shielding laws to protect people receiving gender affirming care, their families, and their providers.

MCHS is a network of seven federally qualified health centers with 55 sites serving communities across Maryland. Our mission is to provide somatic, behavioral, and oral health services to people who have been underserved. The LGBTQ+ community is an important constituency of our health centers. We are deeply concerned about the impact of gender affirming care bans on this community and our providers who serve them. Twenty-two states have banned gender affirming care for minors, including our neighboring state of West Virginia.

When a state bans gender affirming care, the impact is felt far beyond that state’s borders. Providers in other states have become fearful of the aggressive tactics of states like Texas, where the Attorney General is seeking the records of out-of-state patients from states as far away as Georgia and Washington. We can protect our providers and their patients by including gender affirming care in Maryland’s shielding law.

We ask for a favorable vote. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).



# 2024 MNA SB 119 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 119 – Legally Protected Health Care - Gender-Affirming Treatment

**Hearing Date:** February 15, 2024

**Position:** Support

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The Maryland Nurses Association (MNA) supports *Senate Bill 119 – Legally Protected Health Care - Gender-Affirming Treatment*. This bill makes gender-affirming treatment a form of legally protected healthcare. By doing so, this bill would protect individuals receiving gender affirming care in Maryland, their families, and their Maryland providers. Twenty-two states have banned gender-affirming care for minors. These bans put families in the impossible situation of ending life-saving treatment for their children or risk traveling out-of-state to places like Maryland.

SB 119 ensures that Maryland providers can continue to provide gender affirming care to their patients. The bill would protect their Maryland licenses, even if they are disciplined in a board in another state, just as long as they were practicing within the Maryland standard of care. We do not believe that the practice of Maryland providers should be compromised by bans of medically necessary care in other states.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

**2024 Moveable SB 119 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**To: Senate Finance Committee**

**Bill: SB 119 – Legally Protected Health Care – Gender Affirming Care**

**Date: February 15, 2024**

**Position: Favorable**

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Moveable Feast strongly supports *Senate Bill 119 – Legally Protected Health Care – Gender Affirming Treatment*. This legislation expands Maryland’s reproductive health shielding law to include gender affirming care.

Moveable Feast’s mission is centered on health equity. We provide medically tailored meals to improve the health outcomes of people with serious chronic or life-threatening disease. Our organization began in the 1980’s by serving people with HIV at a time when they were marginalized by the health care system. While we have made progress in advancing equality and equity for the LGBTQ+ community, there have been alarming setbacks with the recent wave of state legislation to ban gender affirming care, particularly for minors.

The research is clear. Gender affirming care saves the lives of transgender and nonbinary youth by reducing their risk of suicide by almost 75%.<sup>i</sup> However, twenty-two states have put the lives of transgender and nonbinary youths at risk by banning gender affirming care, including our neighboring state of West Virginia.<sup>ii</sup> These states are taking further steps to intimidate parents from seeking gender affirming care for their children in nearby states. Please vote favorably on Senate Bill 119 as quickly as possible. We need to make sure that Maryland remains a safe state all people. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>i</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

<sup>ii</sup> <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

# 2024 WLC SB 119 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

**To:** Senate Finance Committee

**Bill:** SB 119 – Legally Protected Health Care – Gender Affirming Care

**Date:** February 15, 2024

**Position:** Favorable

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The Women's Law Center of Maryland (WLC) strongly supports *Senate Bill 119 – Legally Protected Health Care – Gender Affirming Treatment*. This legislation expands Maryland's reproductive health shielding law to include gender affirming care.

During the 2023 session, WLC was a strong advocate for *Senate Bill 859/House Bill 808 – Reproductive Health Protection Act*. After the *Dobbs* decision, almost half the states have attempted to ban abortion, and some states like Texas and Oklahoma have passed legislation to restrict their residents from traveling to other states for abortion care. *The Reproductive Health Protection Act* was necessary to protect out-of-state patients, the friends and family who helped them travel for abortion care, and their Maryland providers from administrative, civil, and criminal penalties.

We are facing an identical situation with gender affirming care, particularly for youth. Twenty-two states have banned gender-affirming care for minors.<sup>i</sup> As a result, parents risk losing custody of their children to child protective services or even criminal penalties for seeking gender affirming care for their children. Gender affirming care is medically necessary and life-saving. The American Medical Association, the American Psychological Association, and all major health professional associations are opposed to gender affirming care bans because they place the health of youth in jeopardy.<sup>ii, iii</sup>

We urgently need the Maryland General Assembly to enact *Senate Bill 119* to protect the lives of transgender and nonbinary youth, their families who seek services for them in Maryland, and their Maryland providers. They are facing great risks that are not theoretical. Just recently, Ken Paxton, the Attorney General of Texas, requested the health care records of Texas patients from at least two out-of-state gender affirming care providers in Georgia and Washington State. Texas has also attempted to intimidate families by ordering child protective services to investigate parents who obtain gender affirming care for their children.<sup>iv</sup>

***The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.***

We ask for an expeditious favorable report on this legislation. Individuals who need gender affirming care, their families, and their Maryland providers are counting on states like Maryland to protect them. For more information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

<sup>ii</sup> <https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children>

<sup>iii</sup> <https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children>

<sup>iv</sup> <https://www.texastribune.org/2024/02/09/texas-abortion-transgender-care-outside-state-borders/>

**SB119\_testimony\_DY\_20240214.pdf**

Uploaded by: Rudy Yukich

Position: FAV



Maryland General Assembly Senate Finance Committee,

I write to you as a 20-plus year resident of Maryland living in General Assembly District 9A. I have family and dear friends living in Ohio, Louisiana, North Carolina, Florida, Tennessee, Arizona and West Virginia amongst other states scattered across the country. I list these states in particular because these are states that have laws restricting access to gender affirming care<sup>1</sup> and women's health.<sup>2</sup> Many of these states restrict both.

Last year we saw Senate Bill 859 / House Bill 808 protect Women's Health providers from out of state liability. This fall we will be voting on the Maryland Right to Reproductive Freedom amendment. These were common sense bills to protect basic human rights. With these bills Maryland recognized the need to protect all people from attacks on their body autonomy coming from out of state restrictions on reproductive freedom and women's health.

Senate Bill 119 is no different. It provides necessary protections and enshrines in law that gender affirming care is life saving care. That it is necessary is something I have very personal experience with as a trans\* woman who remained closeted for the first 40 years of my life due to outright hostility to transgender people. Care was historically restricted using aggressive gatekeeping and providers treated people like myself as mentally disordered, just as our gay and lesbian friends had been during most of the 20<sup>th</sup> century. Even now, there are significant movements in this country and elsewhere that see transgender people as sexual deviants and undesirables. This pressure kept me from acknowledging my identity. As I've come out to people, the refrain I've heard time and time again is "we had no idea." They had no idea because other than a handful of trusted friends I did everything in my power to ensure that no one could know.

For me, this meant not only not acknowledging or acting on my identity, but also not even looking into what supports existed and how that world was changing around me from the early-90's when I became truly cognizant of my gender identity through the 2000's up until the last few years. The fear of non-acceptance and the hate in the world around me was nearly fatal.

Others I know personally and love, even now, in some of these nearby states face some of these same barriers to support. Without protection, these people are vulnerable to the same tactics in use to prevent safe access to reproductive care—pursuing people who leave their home state to receive care. In the case of transgender youth, this may extend to pursuing supportive parents who only seek to help their children.

I would like to thank the sponsors of this bill, especially Senator Clarence Lam for bringing this bill forward, and I encourage the committee to report favorably on this bill.

Sincerely, Dinah (Legal Name: Rudy) Yukich

---

<sup>1</sup> See report from the Movement Advancement Project <https://www.mapresearch.org/file/MAP-2023-Spotlight-Medical-Bans-report.pdf>

<sup>2</sup> See Center for Reproductive Rights <https://reproductiverights.org/maps/abortion-laws-by-state/>

**SB119\_DRM\_Fav.pdf**

Uploaded by: Sam Williamson

Position: FAV



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## **SUPPORT – SB 119**

Legally Protected Health Care - Gender-Affirming Treatment

Senate Finance Committee

February 15, 2023

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee,

Thank you for the opportunity to provide written testimony in support of Senate Bill 119, on behalf of Disability Rights Maryland (DRM). Disability Rights Maryland is the designated Protection & Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities.

This bill will provide parity for gender-affirming healthcare providers and patients by providing the same legal protections that currently exist for reproductive healthcare in Maryland. The United States has seen escalating waves of attacks that politicize medically necessary healthcare. Over twenty states have now passed laws that interfere with the delivery of both reproductive and gender-affirming care.<sup>1</sup> Maryland acted to protect the wellbeing of reproductive healthcare providers and patients, and similar action is now necessary to prevent other states from interfering with Maryland's healthcare system by punishing those who access and deliver gender-affirming healthcare.

DRM applauds this Committee's history of valuing medical best practices when it issued a favorable report on the Trans Health Equity Act, 2023 SB460. SB119 will build upon the Committee's work to protect communities with disparate health burdens. 39% of transgender individuals have one or more disabilities, compared to just 15% of the general population.<sup>2</sup> By including gender-affirming care in the definition of legally protected healthcare, Maryland will improve the wellbeing of this marginalized community, as well as protect the front-line workers delivering healthcare in Maryland.

DRM urges the Committee to issue a favorable report on SB119. For further information, please contact Sam Williamson, Staff Attorney, at 410-727-6352 or [samw@disabilityrightsmd.org](mailto:samw@disabilityrightsmd.org).

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<sup>1</sup> Compare "Is Abortion Still Accessible in My State Now That Roe v. Wade Was Overturned?" Planned Parenthood, <https://www.plannedparenthoodaction.org/abortion-access-tool/US>, with "Map: Attacks on Gender Affirming Care by State," Human Rights Campaign, <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>.

<sup>2</sup> "Health Disparities at the Intersection of Disability and Gender Identity: A Framework and Literature Review," Disability Rights Education & Defense Fund (July 2018) at 2, <https://dredf.org/wp-content/uploads/2018/07/Health-Disparities-at-the-Intersection-of-Disability-and-Gender-Identity.pdf>.

**7b - SB 119 - FIN - BOP - LOS.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



# Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

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## 2024 SESSION POSITION PAPER

**BILL NO.:** SB 119 – Legally Protected Health Care – Gender-Affirming Treatment  
**COMMITTEE:** Finance  
**POSITION:** Favorable

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**TITLE:** Legally Protected Health Care – Gender-Affirming Treatment

**POSITION & RATIONALE:**

The Maryland Board of Physicians (the Board) is submitting this letter in support of Senate Bill (SB) 119 – Legally Protected Health Care – Gender-Affirming Treatment.

It is the mission of the Board to assure quality health care in Maryland through the enforcement of the Maryland Medical Practice Act. The Board is the regulatory body tasked with investigating violations of the Medical Practice Act and intervening when necessary. While investigations may look at many factors, one core question always emerges: did the patient receive medical care that met the proper standard of care, as determined by appropriate peer review? In every such decision, the Board attempts to center the patient and the care they received when reviewing complaints.

Unfortunately, some state medical boards have taken a different approach, restricting certain types of care even when such care was determined to be medically necessary. This is especially prevalent in the space of gender-affirming treatment. While Maryland places no restrictions on gender-affirming treatment, instead leaving this as a decision between healthcare providers and their patients and caregivers, the Board is concerned that other jurisdictions will attempt to use the Board as a tool to enforce their own restrictions. The Medical Practice Act has some provisions that prevent the Board from taking disciplinary action based on licensing authorities in other states if the action would not be grounds for discipline in this state. However, interstate licensure is a complex process and automatic sanctions are still possible through mechanisms such as the Interstate Medical License Compact (IMLC). This means that a provider in Maryland could potentially see sanctions on their Maryland license for care that is completely legal and would not be grounds for discipline in this state.

SB 119 closes this concern by including gender-affirming treatment under the umbrella of legally protected health care, provided it was done in accordance with the laws in this state. This would not prevent the Board from taking action in cases where a healthcare practitioner failed to meet the appropriate standard of care, but would prevent the Board from being used as the enforcement arm for other states with differing laws and standards. By removing this concern, SB 119 ensures that the focus of any disciplinary action is once again where it belongs: on the patient and the medical care they receive.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, (410) 764-5042.

Sincerely,

A handwritten signature in black ink that reads "Singh Ajrawat". The signature is written in a cursive style with a large initial 'S'.

Harbhajan Ajrawat, M.D.  
Chair, Maryland Board of Physicians

**The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.**

**MCHI Testimony SB119\_Young\_Support.pdf**

Uploaded by: Stephanie Klapper

Position: FAV



**TESTIMONY IN SUPPORT OF SENATE BILL 119  
Legally Protected Health Care - Gender-Affirming Treatment  
Before the Senate Finance Committee  
By Ruby Young, Intern, Maryland Citizens' Health Initiative  
February 15, 2024**

Chair Beidle, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of SB 119 on behalf of Maryland Citizens' Health Initiative, a nonprofit advocacy organization with a mission to ensure access to quality, affordable health care. Special thank you to Senator Lam for sponsoring this legislation. We strongly support SB 119 to protect gender-affirming care and establish Maryland as a safe haven for transgender people. As it stands now, gender-affirming care is not included in the definition of "legally protected healthcare." Twenty-two states so far have enacted bans on gender affirming care.<sup>1</sup> Our neighbors, Pennsylvania, Ohio, and West Virginia, have either banned or proposed bans on gender affirming care. SB 119 would make Maryland a safe-haven by ensuring that access to gender affirming care is protected from out-of-state litigation, as eleven states and the District of Columbia have already done. With SB 119 Maryland can become a more equitable and inclusive state. We strongly urge a favorable report on SB 119 and thank you for your time and consideration on this matter.

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<sup>1</sup> <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>



**MPA LC- SB0119 Letter of Support 2024.pdf**

Uploaded by: Stephanie Olarte

Position: FAV



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Senator Katherine Klausmeier, Vice Chair

Finance Committee

Miller Senate Office Building, 3 East

Annapolis, MD 21401

February 14, 2024

Bill: Senate Bill 119

Position: SUPPORT

Dear Chair Beidle, Vice Chair Klausmeier, and Members of the Committee:

We are writing this letter in SUPPORT of Senate Bill 119. The provision of gender-affirming healthcare has become an unnecessarily controversial topic. A tidal wave of anti-trans legislation has plagued this country for years, harming not only innocent healthcare-seekers, but also well-intentioned healthcare providers. As mental healthcare providers, we need this bill to not only protect our patients' ability to access life-saving care, but to also protect ourselves as we offer such services.

Gender diverse youth are disproportionately at risk for adverse mental health outcomes such as depression and suicidality; and access to gender-affirming healthcare has been associated with decreased risk of these outcomes. (Chen et al, 2023). To say that suicide prevention is important without protecting access to gender affirming healthcare is to accept an incomplete picture of mental healthcare as a whole.

Almost invariably, the provision of mental healthcare necessitates a high level of trust between patient and provider. To foster this trust and build a strong therapeutic alliance, we providers must rest in the safety of knowing that as long as we are providing ethically-aligned, evidence-based, life-saving healthcare, we will not face career-ending legal action. Providing a safe therapeutic space to help clients of all genders—including those who are cisgender—explore their gender identity is a common, normal component of good psychotherapy, particularly with youth.

Even beyond medical interventions such as hormone-replacement therapy or puberty-blockers,, early gender-affirming mental health care can include some important psychotherapeutic experiences such as:

- Having a confidential, safe space to use a different name or pronouns.
- Supporting families in having a healthy, authentic coming out experience while minimizing risk of traumatic stress and protecting the parent-child relationship.
- Providing trauma-informed care to protect against adverse effects of bullying.
- Providing trauma-informed care to protect against traumatic impact of the current wave of anti-trans legislation.
- Providing health education and psychoeducation to support healthy decision-making as youth explore non-medical options that can result in adverse health conditions if used excessively or unsafely, further compounding emotional distress, such as chest-binding and genital tucking.
- Providing psychoeducation to family members to reduce the burden of education that is often placed on the gender diverse patient.

Please consider that programs designed to provide gender-affirming healthcare (e.g, The Gender Joy program at Chase Brexton Health Care) typically include a robust network of services delivered by clinicians with speciality training. These range from

- Care navigation to support everything from locating health services to facilitating logistics such as name-changing.
- Endocrinology care to determine appropriateness of hormone-replacement therapy or puberty blockers (which are uncomplicated to discontinue).
- Group and individual psychotherapy for both the patient and their family members
- Evaluations to determine appropriateness of surgery (which rarely happens for youth under the age of 18).

Not protecting gender-affirming care will create a workforce problem in children's hospitals for numerous disciplines. Countless pediatric healthcare professionals, charged with caring for the well-being of all youth and providing culturally responsive care, will question how they will be able to provide care consistent with these values. In other states like Texas and Ohio, many providers are leaving the state to be able to treat youth to be aligned with their professional codes and ethics. This leaves those states with a significant lack of resources as many of those professionals also worked within other care settings and populations. Similarly, without gender-affirming care protections, new upcoming medical and psychological trainees will look elsewhere for their training opportunities which will eventually leave a lack of renewable professionals in the state of Maryland.



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Thank you for considering our comments in SUPPORT of SB 119. If we can provide any additional information or be of any assistance, please do not hesitate to contact the Chair of MPA's Legislative Committee, Dr. Stephanie Wolf, at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully Submitted,

Brian Corrado, PsyD

Stephanie Wolf, JD, PhD

President, MPA

Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association; Barbara Brocato & Dan Shattuck, MPA Government Affairs

American Psychological Association. (2023, August 9). *Urging Congress to protect access to gender-affirming care for transgender youth*.

<https://www.apaservices.org/advocacy/news/gender-affirming-care-transgender-youth>

Chen, D., Berona, J., Chan, Y. M., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *The New England journal of medicine*, 388(3), 240–250. <https://doi.org/10.1056/NEJMoa2206297>

Skinner, R.S., McLamore, Q., Donaghy, O., Stathis, S., Moore, J.K., Nguyen, T., Rayner, C., Tait, R., Anderson, J. & Pang, K.C. (2024) Recognizing and responding to misleading trans health research, *International Journal of Transgender Health*, 25:1, 1-9, <https://doi.org/10.1080/26895269.2024.2289318>

**PPM Purnell SB 119 FAV written.pdf**

Uploaded by: Stephanie Purnell

Position: FAV

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Planned Parenthood of Maryland

February 14, 2024

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen St  
Annapolis, Maryland 21401

Dear Chair Beidle:

My name is Stephanie Purnell, and I'm writing in my capacity as a staff physician at Planned Parenthood of Maryland in strong favor of Senate Bill 119 - Legally Protected Health Care - Gender-Affirming Treatment. This bill will protect providers, patients, and support networks for gender affirming care from out-of-state criminal or civil liability.

I entered the medical profession for numerous reasons, but primary among those is my knowledge and experience as a Black woman navigating a health system whose structures are just now catching up to the idea that Black women exist. I know what it means to be an "other" in my field, and I want to push back on that for my patients.

When I specialized in reproductive health, I knew there would be external barriers—barriers outside the standard bureaucracy of the health care delivery system. But I was grateful, upon graduating Howard University Medical School, to become a provider of sexual and reproductive health care for organizations that practiced in Maryland. The Maryland General Assembly has long been a staunch protector of reproductive health care, including abortion, for a generation now.

But today, when I head into patient appointments, I am still not fully protected from outside political forces. In addition to abortion care, vasectomies, and other reproductive health care, I am also a provider of gender affirming care.

In Fiscal Year 2023, PPM had nearly 1,000 gender affirming hormone therapy patient visits. FY 2024 is on pace for similar numbers. And in my experience, those visits are met with excitement from the patient. There is joy in the appointment, as patients access medical care crucial to their identity as human beings. Writing prescriptions for hormones that help my patients be authentic to themselves is one of the best parts of my day.

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Planned Parenthood of Maryland

But that joy is not total. Last year, the General Assembly protected the abortion care I provide to patients. But until those protections are extended to my role as a provider of gender affirming care, neither my patients nor I are truly protected.

I became a doctor to provide care to my patients. The health care decisions my patients make in consultation with me and their support networks are not the business of legislators or attorneys general from other states.

Maryland needs to protect my transgender patients, and all transgender people who come to Maryland for our top-of-the-line care. In addition, Maryland needs to protect my fellow providers and me, who have always practiced consistent with Maryland law. Adding Gender Affirming Treatment to the definition of legally protected health care does that. For the foregoing reasons, I urge a favorable report on SB 119.

Sincerely,  
Stephanie Purnell, MD, MPH  
Staff Physician

**PPM Torres SB 119 FAV written.pdf**

Uploaded by: Tica Torres

Position: FAV



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Planned Parenthood of Maryland

February 14, 2024

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen St  
Annapolis, Maryland 21401

Dear Chair Beidle:

My name is Tica Torres, Patient Access Program Manager at Planned Parenthood of Maryland (PPM). I am writing in favor of Senate Bill 119 - Legally Protected Health Care - Gender-Affirming Treatment. This bill will protect patients, their support networks, and providers of gender affirming care from out-of-state criminal or civil liability.

I have been coordinating care for Transgender and non-binary people in Maryland since 2017, and was on the ground floor of PPM launching its gender affirming hormone therapy program in 2020. As part of the service, PPM also created a care coordination program aiding patients in navigating their Transition process. Currently, I manage a team of three that connects our patients with the care they need to live happy and healthy lives. Since August 2023, PPM has provided 52 letters of support for surgeries and legal document changes.

We have the unique opportunity at PPM to serve folks from all parts of Maryland using our telehealth platform. This means we see folks from rural areas to urban cities. My team travels to all our 7 health centers regularly to learn about the needs in each region. We have found that regardless of where in the state the patient is seeking care, it is difficult to find health care providers with training in Gender affirming services and practices.

As a trans man myself, I have faced barriers to my treatment and have felt dehumanized by non-affirming experiences at the doctor's office. PPM's Patient Access program offers connections to other providers that share our values. The perfect example of this is a patient who was having trouble sticking to therapy appointments. After my department referred this patient to a therapist who identifies as queer and transgender, they've been able to stick with appointments more regularly.

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Planned Parenthood of Maryland

I recently spoke to another patient that mentioned how much better his life is after transitioning. This patient was very timid and had difficulty interacting with people. He was struggling to be engaged at school, had very few friends, and was very withdrawn from his family. The confidence he now has in himself, and his appearance, has allowed him to be more outgoing. He is now in his 2nd year of college and thriving.

These experiences reflect my own. Since beginning my transition, I have addressed my anxiety disorder, strengthened relationships with my family, and shared joy—true joy—with people that I felt I was hiding from.

I feel safe in Maryland compared to other states, such as Florida, where I grew up. But the work I do and the person I am is not fully protected from the political climate around us. My team and my colleagues could be subject to criminal or civil penalties simply for helping someone follow the same affirming path I have been following for the past decade. I ask that this committee protect me, the providers I work with, and my trans siblings, by returning a favorable report on SB 119.

Sincerely,  
M. Tica Torres Bolivar  
Patient Access Program Manager

**SWASC\_Favorable Report for SB 119.pdf**

Uploaded by: UM SWASC

Position: FAV

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## TESTIMONY IN SUPPORT OF SENATE BILL 119

### Legally Protected Health Care - Gender-Affirming Treatment

#### *Finance Committee*

#### February 15, 2024

**Social Work Advocates for Social Change strongly supports SB 119**, which would alter the definition of “legally protected health care” to include certain gender-affirming care (GAC). This change provides legal safeguards for healthcare professionals who administer already legal GAC care to transgender individuals. As social work students and professionals, we are dedicated to protecting the rights and dignity of vulnerable populations. Shielding healthcare providers from legal repercussions is necessary because it addresses a public health crisis, aligns with medical expertise and ethics, ensures continuity of care for GAC patients, and provides freedom from government overreach in healthcare.

**SB 119 is consistent with and builds on previous work of the Maryland General Assembly and Governor Moore.** Last year, the General Assembly passed the Reproductive Health Protection Act, which protects reproductive health providers, patients, and support networks from out of state litigation. SB 119 applies the same shielding protections to providers of GAC, ensuring that patients get the treatment they need. Moreover, the Governor signed an executive order that protects those seeking, receiving, and providing GAC in Maryland from attempts at legal punishment by other states.<sup>1</sup> However, executive orders can be overturned. This bill would codify the action taken by the Governor to ensure that Maryland providers of GAC continue to have their rights and liberties protected.

**SB 119 addresses a public health crisis.** Providers of GAC give life-saving care to trans people – and, particularly, youth, who have high rates of suicide attempts and thinking about suicide, also known as suicidality.<sup>2</sup> Puberty blockers are linked to lower suicide risk for trans individuals.<sup>3</sup> GAC is linked to lower rates of depression, self-harm, and suicidality.<sup>4</sup> A recent survey of transgender people in the United States found that 98% of people who were currently receiving hormone treatment, and 97% who underwent some form of gender affirming surgery were more satisfied.<sup>5</sup> Given these experiences, it is unsurprising that regret and retransitions are rare.<sup>6</sup> If doctors are subject to legal repercussions for providing GAC, trans people will have worse mental health and safety outcomes.

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<sup>1</sup> Office of Wes Moore (2023). <https://governor.maryland.gov/news/press/pages/Governor-Moore-Signs-Executive-Order-to-Protect-Gender-Affirming-Health-Care-in-Maryland.aspx>

<sup>2</sup> Austin et al. (2020). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. <https://pubmed.ncbi.nlm.nih.gov/32345113/>

<sup>3</sup> Fitzsimmons (2020). Puberty blockers linked to lower suicide risk for transgender people. <https://www.nbcnews.com/feature/nbc-out/puberty-blockers-linked-lower-suicide-risk-transgender-people-n1122101>

<sup>4</sup> Tordoff et al. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

<sup>5</sup> James et al. (2024). 2022 U.S. transgender survey: Early insights. National Center for Transgender Equality. [https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report\\_FINAL.pdf](https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf)

<sup>6</sup> Olson et al. (2022). Gender identity 5 years after social transition. *Pediatrics*. <https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition?autologincheck=redirected>

**SB 119 aligns with existing medical expertise and ethical standards.** Many prominent medical associations support GAC and denounce legislation that undermines medical recommendations in favor of misinformed ideological stances.<sup>7</sup> For instance, the Pediatric Endocrine Society notes that puberty suppression and other GAC may be used as is medically necessary, particularly if it is evidence-based and potentially lifesaving.<sup>8</sup>

**SB 119 will ensure continuity of care for patients receiving GAC.** Healthcare professionals stress the negative impact on patients if GAC is suddenly stopped. For example, the Texas Medical Association submitted testimony for a state bill that would prohibit all forms of GAC for youth, saying that sudden removal of hormones could have negative health effects for the patient.<sup>9</sup>

**SB 119 provides freedom from government involvement** in personal health matters. Receiving GAC is a collaborative decision between families and healthcare professionals who know and care for their patients. The state should not get to decide who can administer and access certain forms of healthcare. Maryland can continue to be a safe haven for trans people in a time when there exist bans or proposed bans on GAC for youth in neighboring states, such as West Virginia and Ohio.<sup>10</sup> The National Center for Transgender Equality recently found that nearly half (47%) of over 90,000 respondents had thought about moving to another state because of the expansion of restrictive laws. In addition, losing healthcare providers to legal proceedings harms everyone, not just people seeking or receiving GAC.

This topic has already been debated in this legislative body and deemed medically necessary with the passing of the Trans Health Equity Act in 2023.<sup>11</sup> **SB 119 does not change the type of GAC that someone can access.**

Thank you for your time and consideration of SB 119. **Social Work Advocates for Social Change urges a favorable vote on SB 119.**

*Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland, Baltimore School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.*

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<sup>7</sup> GLAAD (2023). Medical association statements in support of healthcare for transgender people and youth.

<https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

<sup>8</sup> Pediatric Endocrine Society (2021). <https://pedsendo.org/wp-content/uploads/2021/04/The-Pediatric-Endocrine-Society-Statement-TG.pdf>

<sup>9</sup> Texas Medical Association (2023).

[https://www.texmed.org/uploadedFiles/Current/2016\\_Advocacy/Texas\\_Legislature/Testimony/TMA\\_Suggests\\_Improvements\\_to\\_Gender\\_Affirming\\_Care\\_Bill.pdf](https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Texas_Legislature/Testimony/TMA_Suggests_Improvements_to_Gender_Affirming_Care_Bill.pdf)

<sup>10</sup> Gaur (2023). State Laws on Gender-Affirming Care. <https://www.findlaw.com/lgbtq-law/state-laws-on-gender-affirming-care.html>

<sup>11</sup> Miller Jr. (2023). Trans Health Equity Act Passes Maryland House of Delegates.

<https://www.marylandlawyerblog.com/trans-health-equity-act-maryland/>

# **Health Care for the Homeless - 2024 SB 119 FAV - G**

Uploaded by: Vicky Stewart

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**IN SUPPORT OF**  
**SB 119 – Legally Protected Health Care - Gender-Affirming Treatment**

**Senate Finance Committee**  
**February 15, 2024**



Health Care for the Homeless strongly supports SB 119, which is a simple technical fix that would add gender-affirming healthcare to the definition of “legally protected healthcare” in Maryland. The same shielding provisions that apply to reproductive care would apply to gender-affirming care.

In 2023, Health Care for the Homeless supported SB 859/HB 808, the Reproductive Health Protection Act and we applaud the General Assembly for passing the legislation. Unfortunately, this law did not include gender-affirming care in the definition of “legally protected healthcare.” This omission puts those seeking, providing, or assisting with gender-affirming care at risk, and leaves huge holes in the shield for reproductive care, as many providers do both. Health Care for the Homeless clients and providers fall into this category and therefore, SB 119 is necessary in order to protect our clients and providers alike.

This bill does not change the type of care that someone can access or who can provide that care. It simply protects the care that is already currently legal and provided in Maryland. Our State has made progress in protecting gender-affirming care. The Maryland General Assembly has already rightly recognized gender-affirming care as medically necessary and lifesaving care, bringing Maryland in line with every major medical association. Additionally, Governor Moore signed an Executive Order that shields gender-affirming care from out-of-state litigation. However, without legislation defining this care as legally protected healthcare, it remains vulnerable. Twenty-two states have implanted bans on life-saving care and a state has already filed suit against a patient who sought out-of-state care.

Maryland must continue to be a safe haven for transgender people and pass this technical fix to ensure that this life-saving care remains protected in our state. As a primary care provider and a federally qualified health care, we recognize that access to gender-affirming care is essential and basic health care. These services are especially important for transgender individuals without homes as they may face additional challenges in their day-to-day life that may cause or exacerbate poor health conditions. Legally protecting this care is necessary for the health and wellbeing<sup>1</sup> of our clients. For Health Care for the Homeless, access to this medically necessary and life-saving care is also an issue of fundamental human rights.

We strongly urge the General Assembly to make this technical fix to the law and pass SB 119.

*Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County.*

*Our Vision: Everyone is healthy and has a safe home in a just and respectful community.*

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<sup>1</sup> Multiple major medical associations support comprehensive care for the trans community including the American Medical Association, the American Psychiatric Association, and American Academy of Pediatrics.

*Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.*

*For more information, visit [www.hchmd.org](http://www.hchmd.org).*



# **SB119.GendarAffirmCare.pdf**

Uploaded by: Aliyah Horton

Position: FWA



**Date:** February 15, 2024

**To:** The Honorable Pamela Beidle, Chair

**From:** Aliyah N. Horton, FASAE, CAE, Executive Director, MPhA, 240-688-7808

**Cc:** Members, Senate Finance Committee

**Re: FAVORABLE WITH AMENDMENT – SB 119 – Legally Protected Health Care – Gender - Affirming Treatment**

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The Maryland Pharmacists Association (MPhA) urges a favorable report for **SB 119 – Legally Protected Health Care – Gender -Affirming Treatment.**

The bill does not specifically call out pharmacists, however with dispensing medications, pharmacists are involved in the care continuum, as such MPhA supports the legislation.

As we reviewed the bill, we do not have concerns with the proposed new language rather a clarification on current law.

**Amendment** – Amend page 4, line 18 to modify the definition of gender-affirming treatment by removing “any medically necessary.”

**Rationale:** 'Gender-affirming treatment' is any treatment consistent with current clinical standards of care prescribed by a licensed health care provider for the treatment of a condition related to the individual's gender identity.

We are concerned that maintaining *medically necessary* can leave an opening for opposition to the merits of the necessity of a given treatment rather than focusing on protecting any treatment that is supported by standards of care and evidence-based guidelines.

Treatments supported by standards of care are backed by evidence with a goal to support the physical and mental wellbeing of those receiving that care. Our goal is to safeguard treatments that will reduce suicidality, improve psychiatric wellbeing, and reduce overall morbidity and mortality of patients seeking gender-affirming treatments.

**MARYLAND PHARMACISTS ASSOCIATION** - Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists, pharmacy technicians and student pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

**testimony opposing SB119 gender- 2024.pdf**

Uploaded by: Emily Tarsel

Position: UNF

**Emily Tarsell, LCPC**

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**2314 Benson Mill Road  
Sparks, Maryland 21152  
February 15, 2024**

**Unfavorable SB 119 (HB 691)**

Dear Chair Beidle and Finance Committee Members,

I am Emily Tarsell, a mother, licensed therapist and founder of Health Choice Maryland. I write to ask for an Unfavorable vote for SB119 for the following reasons.

Last year, you passed HB283, a so-called Gender Affirming Treatment Bill, which did not have age limits and did not require parental informed consent for life altering and irreversible procedures on minors. That bill which is now law allows any child or adolescent to have radical surgery or drug “treatment” to conform to some sex identity preference which may or may not be truly intrinsic to self realization.

Because it is our responsibility to protect children and adolescents from possible exploitation and self harm, I testified last year that such treatments should definitely not be considered for implementation before the age of 21 when one can make an informed decision from a more mature perspective. As a parent and a clinician who counseled many youth and adolescents, I cannot understand how in good conscience that bill passed without age restrictions or at the very least, parental consent for minors.

This bill goes one step further and gives legal cover against liability to those who provide such draconian procedures on minors. Adding such procedures under the umbrella of "legally protected health care" would remove all guardrails against exploitation of vulnerable minors and leave them without legal recourse against potential harm and medical abuse. I passionately urge you to veto this bill or at the very least carve out an exception for minors under 21 years of age.

Thank you.

Emily Tarsell, LCPC

# **Oppose 2024 Senate Bill 0119.pdf**

Uploaded by: Eszter Szabo

Position: UNF

**Oppose 2024 Senate Bill 0119**

Eszter Szabo  
Bethesda, MD 20817  
February 14, 2024

This changes the definition of legally protected health care to include gender affirming treatments even for minors.

Please vote against this bill.

Sincerely,

**SB119 (1).pdf**

Uploaded by: Jill Kapper

Position: UNF

Jill Kapper  
221 Owings Gate Court T2  
Owings Mills MD 21117  
SB0119/HB691-UNF

Good afternoon,

My name is Jill Kapper and I'm a lifelong resident of Maryland. I oppose Bill SB119 for what I believe to be obvious reasons. When I think of protecting people, especially children, I don't think of making it easier to alter their gender but being more difficult, if that's something they sincerely wish to pursue. I believe that with the amount of peer-pressure children seem to experience today, these things should be more difficult to obtain, not handed out as if severe consequences don't exist. It's my understanding that this would also protect medical professionals from being liable and that's never an incentive to do better as far as I'm concerned.

Thank you for listening!



# **Oppose SB 119.pdf**

Uploaded by: Mark Meyerovich

Position: UNF

# Oppose SB 119

Dear Chair and members of the committee,

It is a misnomer to talk about clinical standards with regard to “gender-affirming treatment”. Johns Hopkins “experts” like to push the idea that WPATH standards that they use are internationally recognized and firm. That is false because:

- WPATH guidelines keep changing because the research continues and expert opinions about the treatments keep changing.
- No medications or treatments are FDA authorized for the “gender-affirming treatment”. Instead they are used off-label or experimentally.
- All other nations, especially multiple European nations that pioneered the treatments, drastically change their policies and move toward restriction of services, treatments, and age limits.

Hear from the actual experts that have the most experience in such treatments and have done the most research on the issue.

Dr. Kaltiala speaking on WPATH webinar on uncertainty of treatments and limits of current knowledge:

<https://youtu.be/TCYXNxK3oGw?t=1480>

And her popular article on the issue:

<https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor>

Testimony of a gender-affirming surgeon from the US House Judiciary Committee hearing:

<https://youtu.be/qAqNCo7RTWI?t=90>

Dr. Biggs testimony on the state of research and risks of the treatments:

<https://youtu.be/THPv11HdtaQ>

It is appalling that we even consider giving legal protections to such treatments, while the overall benefits and harms are barely known. The treatments remain widely available and covered by insurance in Maryland. The legal protections and obligations for such treatment in Maryland are problematic for Maryland taxpayers already. The state and its taxpayers should not be obligated to take sides in this contentious political fight. The responsibility for the experimental treatments should remain with the patients and doctors.

Please vote unfavorably.

Sincerely,  
Mark Meyerovich  
Gaithersburg, MD  
District 15

**02.14.24 LOO SB 0119 Joint.pdf**

Uploaded by: Terry Hale

Position: UNF

*Danielle Hornberger*  
County Executive

Steven Overbay  
Director of Administration

Office: 410.996.5202  
Email: [dhornberger@ccgov.org](mailto:dhornberger@ccgov.org)



Jackie Gregory  
Council President

Robert Meffley  
Vice President

Office: 410.996.5201  
Email: [council@ccgov.org](mailto:council@ccgov.org)

**CECIL COUNTY GOVERNMENT**  
Cecil County Administration Building  
200 Chesapeake Boulevard, Elkton, MD 21921

February 14, 2024

The Honorable Pamela Beidle  
The Honorable Katherine Klausmeier  
Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

RE: SB 0119 - Legally Protected Health Care - Gender-Affirming Treatment  
Letter of Opposition

Dear Chairman Beidle, Vice Chair Klausmeier and Members of the Finance Committee,

The County Council and the County Executive of Cecil County unanimously oppose SB 0119 - Legally Protected Health Care - Gender-Affirming Treatment. The hearing on this legislation is scheduled for February 15, 2024.

It is our understanding that this legislation is altering the definition of "legally protected health care" to include certain gender-affirming treatment, including medications and supplies, for the purposes of certain provisions of law that prohibit health occupations disciplinary actions and certain actions in criminal and civil proceedings and the use of certain resources in furtherance of certain investigations and proceedings related to legally protected health care.

Supporting the rights of parents in the medical care of a minor is of the utmost importance to all our citizens and this bill will have an adverse impact on these rights. Cecil County strongly opposes this legislation.

The County Executive and County Council of Cecil County respectfully request that the Finance Committee send an unfavorable report on SB 0119.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Hornberger".

Danielle Hornberger  
County Executive

A handwritten signature in blue ink, appearing to read "Jackie Gregory".

Jackie Gregory  
President of County Council

**Tibbals\_ HB 691\_SB 119\_ OPPOSE Legally Protected**

Uploaded by: Trudy Tibbals

Position: UNF

## HB 691/SB 119: Legally Protected Health Care - Gender-Affirming Treatment: Please OPPOSE this bill!!

Dear Finance Committee Chair Beidle, Vice Chair Klausmeier, and all other Esteemed Committee Members:

My position against SB119 is supported by multitudes of quality publicly available objective evidence, and not based on subjective experiences or notions.

Dr. Ken Zucker, who oversaw the writing of gender dysphoria section of the Diagnostic and Statistical Manual 5th Edition (DSM5), the main manual used by psychologists and psychiatrists, has argued that teaching about gender identity is likely to be iatrogenic--meaning causing harm--and will increase student's confusion and lead to more youth wanting to socially and medically transition to live as a different gender, which has huge health consequences. Additionally, teaching about this to young children is problematic based on the concept of "gender constancy". Gender constancy is the endpoint in the developmental process in which a child understands that that biological sex is fixed, that clothing and other contextual factors do not change one's biological sex. Research indicates that more stable schema of sex begins at age 5, with sex constancy being achieved by the age of 7 for most children. Sex constancy delays have been observed in children with gender dysphoria and Autism Spectrum Disorder. Teaching this concept to young children could negatively impact sex constancy.

There has been an unprecedented rise in Gender Dysphoria. Schools only recently have begun teaching about gender dysphoria, and that has coincided with a dramatic increase in children with the condition.

From 2017-2022, the number of youth who identify as transgender in the United States has doubled, with youth between the ages of 13-17 identifying at a rate of 1.4%, all adults identifying at a rate of 0.5%, and adults aged 65 or older identifying at a rate of 0.3%. Historically, gender dysphoria was found in 0.01% of the United States population (mostly boys), and prior to 2012 there was little to no scientific literature about girls aged 11 to 21 having ever developed gender dysphoria. Currently, most gender dysphoric youth are female at a ratio of approximately 2:1. There is currently no consensus regarding the cause for the recent rapid rise in gender dysphoria, or why females are now experiencing it at a much higher rate than males. References for this are at the end of this email.

This is unnecessary to teach. Schools that are teaching gender identity based on the idea that students would otherwise not realize this was an option for them are misunderstanding how gender dysphoria works. Young children with gender dysphoria are "consistent, persistent, and insistent" to use the common psychological terminology. In other words, they don't need adults to suggest to them that this an option. Young children with gender dysphoria develop it organically out of their own internal sense of self, rather than needing to have it suggested to them by an adult. For adolescents, however, there is evidence that it is being spread as a social contagion among adolescent girls that is mediated by peers and internet use, which has been documented for other conditions such as cutting, anorexia, and false claims of multiple personality disorder and Tourette's syndrome. Rather than confuse young children or run the risk of negatively influencing suggestible adolescents, it makes more sense to address the needs of the few students who naturally develop gender dysphoria on a case-by-case basis, rather than presenting it as an identity option for everyone.

**\*\*Why am I talking about teaching gender ideology in schools? Because most of the young people who are presenting for treatment for Gender Dysphoria are learning about gender ideology, and NOT facts about Gender Dysphoria, IN SCHOOL or from their friends who have learned about it in school in the recent past, mostly since Covid policies forced our schools to shut down. And schools are teaching gender IDEOLOGY as if it was fact and NOT the ideology that it is. Most schools are NOT teaching about the actual medical diagnosis of Gender Dysphoria as a diagnosable mental illness as defined in the most recent version of the DSM. What is the DSM? The *Diagnostic and Statistical Manual of Mental Disorders*, often known as the "DSM," is a reference book on mental health and brain-related conditions and disorders. The American Psychiatric Association (APA) is responsible for the writing, editing, reviewing and publishing of this book. When we teach ideologies as fact in schools, we set our children up to absorb misinformation as fact. We do our children an absolute disservice by doing this!**

Gender Dysphoria is still being discussed by medical professionals from around the world, and there has been no consensus on the "right" way to handle it. Many countries, including Norway, Sweden, Finland, the U.K., Australia, New Zealand and France, have pulled back from the gender-affirming model of care.

The American Academy of Pediatrics's (AAP) statements were written by a doctor in training, Jason Rafferty. Rafferty was telling the AAP that "trans" was the new "gay" and that the AAP had to be on the right side of history. The older doctors were

confused and asked him to write up a statement. He wrote it alone, apparently no one fact checked it before it was published.

James M. Cantor, PhD, Associate Professor, University of Toronto Faculty of Medicine fact checked it after publication and said “Although almost all clinics and professional associations in the world use what’s called the “watchful waiting” approach to helping Gender Diverse children, the AAP statement rejected that consensus, endorsing **only** gender affirmation.” The AAP statement was also remarkable in what it left out—namely, the outcomes research on Gender Diverse children. **All 11 outcome studies** of Gender Diverse children, **without exception**, found the same thing: By puberty, the majority of Gender Diverse children ceased wanting to transition.

The American College of Pediatrics disagrees with transgender treatments. The research is absolute in consensus among the researchers that it's harmful and ridiculous. Pioneer Dr. Paul McHugh stated undeniably that the patient "needs their brains fixed, not their bodies," in his published longitudinal study.

Gender identity is subject to change over the course of an individual's lifetime. Further, hormonal and surgical interventions are associated with significant physical health risks, and the claims of effectiveness are not supported by the available quality systematic reviews of evidence.

Have you been provided with proper long-term safety data of the mental and physical health effects of “gender affirming care”? There have been horrible side effects of these treatments and medications. There have been people who have undergone sex reassignment surgeries that experience daily pain and suffering, oozing from surgical sites, etc. (All you have to do is look up articles, because they are out there. You can also go to **sexregret.com** and you will read horrific personal tragedies. (I have included several links where you can find such tragic personal accounts at the bottom of my testimony).

As a member of the legislative Committee you have one intrinsic duty and that is to **do no harm** and serve the common good. I ask that you reject this bill and any other legislation associated with it for the sake of our children, families and all people.

Please Vote Against HB691/SB119!!



Respectfully submitted,

Trudy Tibbals

An extremely concerned Mother and Maryland resident

P. S. Here are some articles, documentaries or videos that each and every one of you should read or watch about the “transing” of our children through the use of gender affirming care and sex reassignment surgeries:

<https://sexchangeregret.com/damaged-the-transing-of-americas-kids/>

<https://sexchangeregret.com/man-who-transitioned-40-years-ago-details-why-he-stopped/>

<https://sexchangeregret.com/the-sex-change-i-had-40-years-ago-was-a-scam-not-medicine/>

<https://sexchangeregret.com/nearly-half-of-patients-who-had-bottom-surgery-suffer-surgical-site-bleeding-later-study/>

<https://sexchangeregret.com/prisha-mosley-i-lost-my-voice-i-lost-my-chest-i-dont-know-if-im-going-to-be-able-to-have-kids/>

<https://sexchangeregret.com/a-medical-atrocity-pediatric-surgeon-joins-growing-movement-against-trans-surgeries-on-minors/>

<https://www.dailysignal.com/2022/09/19/our-voices-can-no-longer-be-denied-says-detransitioner-in-new-documentary/>

<https://nypost.com/2022/08/24/woman-sues-psychiatrist-for-approving-gender-transition/>

[r/detrans on Reddit](#)

<https://sexchangeregret.com/andre-van-mol-md-fatal-flaws-in-regret-surveys/>

And

<https://cmda.org/regretting-transition-for-gender-dysphoria/>

<https://sexchangeregret.com/children-who-identify-as-transgender-likely-going-through-a-phase-says-uk-health-service/>

<https://www.fox32chicago.com/video/1293170>

<https://sexchangeregret.com/fda-warns-of-brain-swelling-and-permanent-vision-loss-found-in-children-taking-puberty-blockers/>

<https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740>.

Here is also part of a Public Comment I gave at one of my county's Board of Education meetings:

For those that say there is “no such thing” as detransitioners, I would love to see them argue with such detransitioners as **Chloe Cole**, a female who had mutilating transition surgery and later regretted it, and **Chris Beck**, a former Navy Seal, who transitioned to Kristin Beck, and then regretted his decision and has stated that “it’s time for America to “wake up” regarding how the transgender push is hurting children...Everything you see on CNN with my face, do not even believe a word of it...Everything that happened to me for the last 10 years destroyed my life. I destroyed my life. I’m not a victim. I did this to myself, but I had help...There are thousands of gender clinics being put up over all of America,” he said. “As soon as [children] go in and say, ‘I’m a tomboy,’ or, ‘This makes me feel comfortable,’ and then a psychologist says, ‘Oh, you’re transgender.’ And then the next day, you’re on hormones — the same hormones they are using for medical castration for pedophiles. Now, they are giving this to healthy 13-year-olds...Does this seem right? This is why I am trying to tell America to wake up.” **Soren Aldaco**, “...who attempted a gender transition at age 17, is suing the doctors who operated on her, accusing them of ignoring her plethora of mental health conditions and pushing her down a destructive path...filed a lawsuit in the Tarrant County District Court of Texas. She alleges that her doctors behaved more like “ideologues” than medical professionals and that they did not properly take her autism, depression, anxiety, and other comorbidities into account when they evaluated her for an attempted gender transition. “Despite these telltale signs demanding caution and therapeutic resolution,” the suit emphasizes, Aldaco’s physicians “deliberately and recklessly propelled” her “down a path of permanent physical disfigurement and worsening

psychological distress.” Prisha Mosley filed a lawsuit accusing her doctors and therapists of rushing her down a dangerous and life-altering path. Kayla Lovdahl has also filed suit, accusing medical professionals of fast-tracking young Lovdahl through her gender transition, one that she now deeply regrets. The suit alleges that those medical professionals “who immediately, and negligently, affirmed Kayla’s self-diagnosed transgenderism without adequate psychological evaluation,” “promptly placed her on puberty blockers and testosterone at age 12,” and “performed a double mastectomy within six months at age 13.” The “Defendants were not ‘caring’ for Kayla,” the suit says. “They were experimenting on her.” K. Yang worked for an LGBT nonprofit center funded by the New York State Department of Health. “We were indoctrinating public school children with gender identity and transgender ideology,” she says. So now, with immense inside knowledge, Yang knows exactly how to help parents ‘de-program’ their children who may have become ‘brainwashed’ by online, educational, or social media sources that are teaching them lies. And with family members who escaped China and Mao’s Cultural Revolution, Yang knows just how vital it is to equip children with the ability to think for THEMSELVES. “I was thinking that what I was doing, was a good thing. It was the right thing. I thought my beliefs were correct. And they were morally superior...I — and now I know, that I was wrong. And part of how I know I was wrong...is because I really started investigating the money behind what was pushing this movement.”

# **UNF SB0119 (2024) vmcavoy**

Uploaded by: vince mcavoy

Position: UNF

## **UNFavorable on SB0119**

vince mcavoy po box 41075 baltimore md 21203

Senators of Senate Finance,

This bill tries to graft into law butchery which no civilization has ever condoned --- the mutilation, brainwashing and medical malpractice of Maryland children.

Butchering fellow human beings is evil. The people who do it are evil. I have leveled several Legislative Ethics grievances against this sponsor, Clarence Lam, because I believe that he is evil.

The question is...when the rest of the country and countries across the globe are backing away from allowing (much less promoting) this mutilation of Maryland's children and the mentally ill claiming to be "transgender"-ed....

Are you going to go along with the evil in order for Clarence Lam to line up his big Planned Parenthood job in the future? Will he send you money? Or buy you lavish things?

The question is, "What is your price to be complicit with overt, IN-YOUR-FACE evil?"

### **Last Year's Absurdity from Kris Fair**

I invite you to read an article by journalist Brian Griffin entitled "*Democrats: Five Year Olds Can Determine Their Gender*". Griffin discusses Fair's absurd takes on the House Floor regarding five-year-olds being sexual beings, stating: "Fair tries to sidestep that and then makes the bogus claim that a five-year-old 'knows' that they are transgendered AND that the information can be kept from parents."

<https://twitter.com/TheDuckpin/status/1636512138452688898>

### **Democrats: Five Year Olds Can Determine Their Gender**

Brian Griffiths

Absolutely bonkers comments from  
Democratic Delegate Kris Fair

This law is far too broad and unbalanced as any reasonable person who calculate the endless number of operations, dental work and medical care that Maryland residents do not receive, do not have a mandate or a cheerleader for the evil SB0119 has. If this bill hits the proverbial road, people will claim a "right" to cut off sexual organs in the name of perversion and LGBTQ++++ People will claim a "right" to cut off the mammary of girls who should be future mothers, in the name of perversion and LGBTQ++++.

People will claim a "right" to have hair implants, Adams apples removed, eyebrows thinned or thickened in the name of sexual perversion and LGBTQ+++/

Clarence Lam should be censored. He has other similar bills this Session as his did last Session (recall how both SB199 & the former superintendent got thrown to the wayside??!!) which

shows he is unrepentant. Now, I don't suspect that level of courage on Finance Committee. Fortunately, I do sense enough commonsense and disdain of evil to vote this bill down – immediately and decisively. His is a perverted mindset. SB119 is a perverted law; a law of perversion.

[Also, HIV kills and harms. Google this today, as I did:

**“The most dangerous viral STD is” will bring up “human immunodeficiency virus HIV”.**

This is fact. If stigmas are caused by facts, then people need to get over the fact that their actions bring stereotypical outcomes.]

**Children are not okay. The media, LGBTQ teachers in schools and pro-LGBT lobbies/afterschool clubs have allowed this to go on for far, far too long.**

**The Senate should stop the indoctrination of Maryland's children and throttle the supply for these perverse measures promoted by Clarence Lam.**

I urge the Committee not to let the bar drop lower, to not spur mental illness, perversion, bribes by Planned Parenthood, death and infection in Maryland.

humbly offered

~vince