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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>

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