Testimony in favor of: <u>SB0119</u> 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 wellbeing 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.^{1,2} 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).³ 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.³ 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.⁴ Retrospective surveys of adolescent and young adult patients who underwent gender affirming surgeries also observed reductions gender dysphoria and low regret among patients.⁵

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.⁶ 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.⁷ 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.⁷ 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.⁸ 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).⁹ 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.¹⁰ In the United States and globally, gender affirming treatment is recognized as an evidence-based standard of care.³ 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,¹¹ 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.¹² 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.¹²

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.

Gradiea L. Wut

Andrea Wirtz Liu 3 Hay Pasture Ct. Catonsville, MD 21228 andrea.wirtz6@gmail.com

References:

- 1. AMA strengthens its policy on protecting access to gender-affirming care. 12 June, 2023. https://www.endocrine.org/news-and-advocacy/news-room/2023/ama-gender-affirming-care
- 2. GLAAD. Medical Association Statements in Support of Health Care for Transgender People and Youth. 21 June. <u>https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/</u>
- 3. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. 2022/08/19 2022;23(sup1):S1-S259. doi:10.1080/26895269.2022.2100644
- 4. Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets. *J Sex Med*. Apr 2018;15(4):582-590. doi:10.1016/j.jsxm.2018.01.016
- 5. Olson-Kennedy J, Warus J, Okonta V, Belzer M, Clark LF. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. *JAMA Pediatrics*. 2018;172(5):431-436. doi:10.1001/jamapediatrics.2017.5440
- 6. Green AE, DeChants JP, Price MN, Davis CK. Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*. 2022;70(4):643-649. doi:10.1016/j.jadohealth.2021.10.036
- 7. Hughto JMW, Gunn HA, Rood BA, Pantalone DW. Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults. *Arch Sex Behav*. Oct 2020;49(7):2635-2647. doi:10.1007/s10508-020-01655-5
- 8. Wirtz AL, Humes E, Althoff KN, et al. HIV incidence and mortality in transgender women in the eastern and southern USA: a multisite cohort study. *Lancet HIV*. May 2023;10(5):e308-e319. doi:10.1016/s2352-3018(23)00008-5
- 9. Cooney E, Reisner S, Wirtz AL. HIV Care Continuum among Transgender Women Living with HIV in Eastern and Southern US in 2018-20. *Contiuum Conference,*. Feb 2024;(Abstract)
- 10. UN Office of the High Commissioner for Human Rights. *Report on the right to the enjoyment of the highest attainable standard of physical and mental health of persons, communities and populations affected by discrimination and violence based on sexual orientation and gender identity in relation to the Sustainable Development Goals.* 2022. A/HRC/50/27. 14 June. <u>https://www.ohchr.org/en/documents/thematic-reports/ahrc5027-report-right-enjoyment-highest-attainable-standard-physical-and</u>
- 11. Brown D. Moore declares Maryland a 'safe haven' for abortion access; approves protections for trans health care. *Maryland Matters*. 03 May. <u>https://www.marylandmatters.org/2023/05/03/moore-declares-maryland-a-safe-haven-for-abortion-access-approves-protections-for-trans-health-care/</u>
- 12. Wirtz A, Cooney E, Reisner S, et al. ENCORE Cohort preliminary results. (unpublished). March 2024;