

Testimony in Support of SB 0119
Legally Protected Health Care – Gender-Affirming Treatment
Maryland Senate Finance Committee
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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.¹
- Hormone therapy to delay puberty was associated with a positive impact on youth mental health.²
- 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.³
- 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.⁴

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.⁵ Of these, more than 120 sought to ban medically necessary care from transgender young

¹ 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

² 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.

³ 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.

⁴ 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

⁵ 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,⁵ with at least 17 bans signed into law this year.⁶ 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.⁶

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.⁷ 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.⁸ 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,



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⁶ 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>

⁷ 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>

⁸ 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/>