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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.^{i,ii,iii,iv} This care is not only recognized as medically necessary – it is literally lifesaving. 40% of transgender adults in the US have attempted suicide.^v 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.”^{vi} When people cannot obtain desired gender-affirming treatment, this further exacerbates these issues.^{vii} 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.^{viii,ix} 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.

ⁱ 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>

ⁱⁱ 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>

ⁱⁱⁱ 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>

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

^v 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/>

^{vi} 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>

^{vii} 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>

^{viii} 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>

^{ix} 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)