

Opposition: HB722 Health – Minors – Gender and Sex Transition Procedures

2/17/2024

Maryland House of Representatives Health and Government Operations Committee Room 241 House 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 opposition to HB722 Health – Minors – Gender and Sex Transition Procedures.**

There is nothing inherently unhealthy or abnormal about being trans. However, some trans individuals suffer from a condition termed gender dysphoria, the criteria for which are set out in the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders (DSM) and include "a marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, that is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning."

A series of evidence-based clinical guidelines set out the treatment for gender dysphoria, in particular the Endocrine Society Clinical Practice Guideline for Endocrine Treatment of gender-dysphoric/gender-incongruent persons and the World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. These guidelines set out the criteria for who is competent to provide gender-affirming care as well as the comprehensive processes that should be followed prior to initiating care. They emphasize that medical interventions are not considered for prepubertal children and that interventions for adolescents are considered in a stepwise fashion from most reversible (i.e., pubertal suppression) to less reversible (i.e., gender-affirming hormones including estrogen or testosterone).

Under existing guidelines, gender-affirming genital surgery is not considered for minors, but gender-affirming chest surgery may be considered for trans masculine adolescents on a case-by-case basis, weighing the substantial risks of surgery against the potential mental and physical health benefits for each individual patient. Current guidelines highlight the importance of both informed consent from a minor's parents and informed assent from the minors themselves prior to the initiation of any gender-affirming medical or surgical care. As providers we always encourage good physician, teen and family communication. Additionally, Maryland has its own laws related to minors and parental consent and those are still in effect. You can access them here:

https://www.peoples-law.org/youth-health-law#parental-consent

Furthermore this bill criminalizes health care professionals who provide gender-affirming care to minors. Healthcare providers are fiduciaries for their patients. They are trained, guided by practice



guidelines, and use their discretion and medical judgment in partnership with their patient (and in the case of a minor, the patient's parents as well) to provide care that is in their patient's best interests.

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For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **opposition to HB722 Health – Minors – Gender and Sex Transition Procedures.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships 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 Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or MDChesNAPNAPLeg@outlook.com.

Sincerely,

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