



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 21, 2024

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

RE: House Bill 722 – Health – Minors – Gender and Sex Transition Procedures – Letter of Opposition

Dear Chair Peña-Melnyk:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for House Bill (HB) 722 – Health – Minors – Gender and Sex Transition Procedures. HB 722 prohibits health care providers from providing certain gender-affirming care procedures to a minor without consent of the parent, guardian, or custodian of the minor. The bill also outlines criminal punishment of healthcare providers for violation of the law.

The American Academy of Pediatrics (AAP) encourages physicians to take a collaborative approach with parents and guardians for the well-being of their children, who are more likely to experience better physical and mental health if they are supported by their parents and family; this is especially important for transgender youth who are at greater risk of suicidal ideation, suicide attempts, self-harm, bullying, and other forms of violence.¹

Maryland statute allows minors to obtain certain medical services without parental consent under specific circumstances.² However gender affirming care, as described in HB 722 under section 20-107(b), is not one of those situations. As a result, parental consent is still required for the types of treatments and surgeries listed in 20-107(b). If enacted, HB 722 will further the criminalization of health care decision-making and enable burdensome monitoring of health care providers that provide care to minor patients under the guise of ruling out concerns of misconduct, which remain unfounded.

¹ American Association of Pediatrics, Policy Statement, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents,
<https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for-or?autologincheck=redirected>.

² MD Minor Consent Laws.

<https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/PDF%20Manual/Section%20VII/MD%20Minor%20Consent%20Laws%2010%2026%2012.pdf>

HB 722 also includes language to exempt health care providers from liability for administering hormones to and performing surgeries on minors “born with a medically verifiable disorder of sex development,” sometimes also referred to as “intersex.” Intersex children who are subjected to non-consensual, unnecessary medical procedures to “normalize”³ their bodies are vulnerable to trauma associated with such procedures⁴ and negative consequences later in life, such as suicidality.⁵ The updated guidelines established by the World Professional Association for Transgender Health now specifically recommend that health care professionals encourage parents to delay genital and gonadal surgeries on children with intersex variations when the variation poses no immediate physical risk.⁶ The American Bar Association has issued a resolution in opposition to the enactment of these provisions in state laws, explaining that they “eliminate the individual’s bodily autonomy and disregard the standard of informed consent.”⁷

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

³ Carpenter M. The “Normalization” of Intersex Bodies and “Othering” of Intersex Identities in Australia, 15 J. Bioeth. Inq. 487 (2018); Davis G, Murphy JM & Murphy EL. Giving Sex: Deconstructing Intersex and Trans Medicalization Practices. Gender & Soc. 2015;30(490).

⁴ Hart B & Shakespeare-Finch J. Intersex lived experience: trauma and posttraumatic growth in narratives. Psych. & Sexuality. 2022;13(4):912-930.

⁵ Jones T. The Needs of Students with Intersex Variations. Sex Education. 2016;16(6).

⁶ Coleman E, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health. 2022;23(S1), S1-S260. <https://doi.org/10.1080/26895269.2022.2100644>

⁷ American Bar Association, Resolution 51. <https://www.americanbar.org/content/dam/aba/directories/policy/midyear-2023/511-midyear-2023.pdf>