

# Oppose SB 119

Dear Chair and members of the committee,

It is a misnomer to talk about clinical standards with regard to “gender-affirming treatment”. Johns Hopkins “experts” like to push the idea that WPATH standards that they use are internationally recognized and firm. That is false because:

- WPATH guidelines keep changing because the research continues and expert opinions about the treatments keep changing.
- No medications or treatments are FDA authorized for the “gender-affirming treatment”. Instead they are used off-label or experimentally.
- All other nations, especially multiple European nations that pioneered the treatments, drastically change their policies and move toward restriction of services, treatments, and age limits.

Hear from the actual experts that have the most experience in such treatments and have done the most research on the issue.

Dr. Kaltiala speaking on WPATH webinar on uncertainty of treatments and limits of current knowledge:

<https://youtu.be/TCYXNxK3oGw?t=1480>

And her popular article on the issue:

<https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor>

Testimony of a gender-affirming surgeon from the US House Judiciary Committee hearing:

<https://youtu.be/qAqNCo7RTWI?t=90>

Dr. Biggs testimony on the state of research and risks of the treatments:

<https://youtu.be/THPv11HdtaQ>

It is appalling that we even consider giving legal protections to such treatments, while the overall benefits and harms are barely known. The treatments remain widely available and covered by insurance in Maryland. The legal protections and obligations for such treatment in Maryland are problematic for Maryland taxpayers already. The state and its taxpayers should not be obligated to take sides in this contentious political fight. The responsibility for the experimental treatments should remain with the patients and doctors.

Please vote unfavorably.

Sincerely,  
Raisa Ionin,  
Potomac, MD  
District 15