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The Honorable Jocelyn Pena-Melnyk, Chair March 18, 2024

## **Testimony of FreeState Justice -- IN SUPPORT OF SENATE BILL 119**

To the Honorable Chair Pena-Melnyk, Vice Chair Cullison, esteemed Health and Government Operations committee members:

FreeState Justice—Maryland's LGBTQ+ pro-bono legal services and policy advocacy organization—strongly supports SB119/HB691 Legally Protected Health Care - Gender-Affirming Treatment.

This is a common-sense, technical fix that simply adds gender affirming care as it is defined in state law under § 15–151 of the Health – General Article to the already-existing protections for "legally protected healthcare" that currently apply to reproductive care providers and patients that were codified in last session's Reproductive Health Protection Act (2023 SB859/HB808).

States across the nation are criminalizing providers of both reproductive and gender affirming care, passing laws that reach across jurisdictional lines to criminalize professionals who are providing care that is legal in the providers' home states. Lawsuits seeking information about patients' private medical information have already been filed, and the penalties for patients and providers in some of these states include the loss of medical licenses, fines, and criminal liability.

Gender affirming care is critically important to add to Maryland's protections for "legally protected healthcare" because many of the same providers and facilities that provide reproductive care also provide gender affirming care. Because of this, if the General Assembly does not add gender affirming care to the definition of "legally protected healthcare," then Maryland's protections for those lifesaving and essential medical professionals leave them vulnerable to the very out-of-state criminalization the Reproductive Health Protection Act sought to shield them from.

Without SB119/HB691, Maryland's reproductive and gender affirming care providers have a shield with massive holes in it that cannot protect them from investigations, litigation, or extradition. These gaps in protection are especially crucial to remedy as our immediate neighbors in Ohio, Pennsylvania, and West Virginia have criminalized or are moving towards criminalizing gender affirming care.

We know that gender affirming care is medically necessary healthcare—every major medical association confirms this. Governor Moore has already signed an executive order providing some of the same protections this bill seeks to guarantee, but we need the General Assembly to take the next step and codify more robust protections to ensure that Marylanders seeking lifesaving gender affirming care are not subject to regressive criminalization.

For these reasons, we urge a favorable report on SB119/HB691.

Respectfully submitted, Camila Reynolds-Dominguez