

**TO:** The Honorable Joseline Pena-Melnyk, Chair  
Health and Government Operations Committee

**FROM:** Dr. Errol Fields, M.D.  
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**DATE:** February 21, 2024

**RE:** HB 722 – Health – Minors – Gender and Sex Transition Procedures

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Thank you for the opportunity to submit this written testimony on behalf of Johns Hopkins University & Medicine (JHU/JHM). JHU/JHM urges an unfavorable report on **Health-Minors-Gender and Sex Transition Procedures (HB 722)**.

The undersigned are clinicians representing the specialties of internal medicine (Dr. Hedian), pediatrics and adolescent medicine (Dr. Fields), plastic and reconstructive surgery (Dr. Liang) and nursing, health equity and transgender/gender-expansive healthcare program subject matter expertise (Ms. Neira). Each of us has years, if not decades, of training and experience in providing medically-necessary, age-appropriate, evidence-based care to transgender and gender-expansive patients and are involved in the care provided by our interdisciplinary service line, the Johns Hopkins Center for Transgender and Gender Expansive Health (JHCTH).

Since its inception in 2017, JHCTH has interacted with thousands of transgender and gender-expansive adults and youth seeking gender-affirming care. The medically-necessary, age-appropriate, gender-affirming care provided by our clinicians is grounded in science, evidence-based care and best medical practices. Our practices are aligned with the current World Professional Association for Transgender Health (WPATH) and Endocrine Society standards of care.

Access to medically-necessary, age-appropriate, evidence-based, gender-affirming care for transgender and gender-expansive minors is supported by major reputable American health care professional associations, including, *inter alia*, the American Medical Association (AMA), the American Nurses Association (ANA), the American College of Physicians, the American Psychiatric Association (APA), the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry. Further, the AMA, ANA, and APA, among others, oppose and condemn legislation which seeks to restrict access to gender-affirming care to minors and penalize those who provide such care as does this proposed bill.

The attacks on medically-necessary, evidence-based, age-appropriate, gender-affirming care are unprecedented. The mere threat of potential criminal or civil penalty for providing appropriate legal care in Maryland negatively impacts our ability to deliver high-quality medical care. Before 2020, no state banned gender-affirming care for transgender and gender-expansive youth. By January of 2024, at least 23 states have attempted to ban this access to care. At least 16 states' attempts to implement such bans are being litigated in either state or federal courts. In 2023, over 725 anti-LGBTQ+ bills were offered across almost every state, including Maryland, and in Congress. In 2024, over 400 anti-LGBTQ+ bills have been offered across the states during the current legislation session. These bills or executive policies have been enacted over the objection of every major, reputable American health professional association often while ignoring the standards of care, best medical practices and expert testimony on the evidence-based practices,

Given the current national political environment and the widespread dissemination of intentional misinformation and gaslighting concerning gender-affirming care on the internet and social media, legislative actions should seek to protect and defend access to care which is known to be beneficial for patients and not further contribute to negative health outcomes and attempt to criminalize the provision of evidence-based healthcare.

This bill is both unnecessary and harmful. It is unnecessary because Maryland law already addresses those areas where a minor may receive medical or surgical treatments without parental consent (Health-General Article, §20-102(a), (b), (c), (d); §20-104(a)(1); §20-103(c), (d) [which addresses parental notice not consent]). This bill is harmful in that it seeks to perpetuate existing barriers to care for transgender and gender-expansive youth by treating gender-affirming care differently than any other medically-necessary healthcare. This bill would create a new section of Maryland law that differentiates medical and surgical treatments that are otherwise generally addressed in existing laws when the patient is cisgender but now calls out these same treatments when provided to transgender and gender-expansive youth.

Transgender and gender-expansive youth already experience higher levels of anxiety, depression and suicidality than their cisgender peers due to social stigmatization, harassment and discrimination. Reports from the Trevor Project show that 45% of transgender and gender-expansive youth have been the victim of cyberbullying (2023) and that 86% had a negative impact on their mental health as a result of the ongoing legislative debates about their rights and access gender-affirming care. Conversely, preliminary findings of ongoing longitudinal studies show that when transgender and gender-expansive youth can access gender-affirming hormone therapy their mental health and quality of life improves.

Further, this bill seeks to intimidate health care practitioners who provide evidence-based, age-appropriate, medically-necessary care by creating a criminal penalty for doing so. Arguably, the criminal penalties included in this bill conflict with the liability limitations that already exist in Maryland law (Health-General Article, §20-102(e)). At a minimum, this proposed bill's intent is to harass and create an environment that discourages health care providers from providing gender-affirming care. The fear of the misuse of prosecutorial or other legal authority by a bad-acting attorney general or district attorney to harass and intimidate those involved in the provision of gender-affirming care is not irrational. The attorneys general of Tennessee and Texas have already sought to obtain medical records from health care providers using the pretext of conducting "fraud" investigations into gender-affirming care. In the case of Texas, the attorney general has sought records from Washington- and Georgia-based clinicians and health systems related to care sought by Texas residents. The Texas governor and attorney general have attempted to define the provision of gender-affirming care, or the support by parents for their transgender and gender-expansive children, as "child abuse" and directed the Texas Department of Family Protective Services to investigate supportive parents.

This bill, if enacted, would harm some of Maryland's most vulnerable citizens by seeking to create additional burdens for accessing care which for some of our transgender and gender-expansive youth is life-saving. Further, this bill seeks to intimidate clinicians into ceasing the provision of gender-affirming care due to fear of potential criminal prosecution from a governmental bad actor.

JHU/JHM urges the committee to issue an **unfavorable** report on **HB 722 - Health-Minors-Gender and Sex Transition Procedures**

Thank you for your time and consideration.

Sincerely,

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