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Tuesday March 11, 2025

The Honorable Joseline A. Pena-Melnyk
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Testimony of Trans Maryland

IN OPPOSITION TO

House Bill #1399: Health Occupations - Cross-Sex Hormone Therapy for Minors - Prohibition (Protect the Kids Act)

To the Chair, Vice Chair, and esteemed members of the Health and Government Operations Committee:

Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. Trans Maryland believes in protecting the rights of all Marylanders, particularly transgender community members, to access safe, inclusive, and appropriate healthcare. Since 2021, we have seen unprecedented attacks on trans youth across the country, at both the state and federal level. While Maryland has thus far resisted joining the bandwagon of anti-trans legislation, legislation like House Bill 1399 demonstrates that not even Maryland is free from this wave of anti-trans rhetoric. We are deeply saddened—and, indeed, embarrassed—to see elected Maryland legislators targeting transgender youth with this legislation.

We write today in opposition of House Bill 1399, a bill that flies in the face of accepted medical science that has been endorsed by every major medical association that has reviewed the issue. That this is being done to a marginalized minority group already subjected to extreme discrimination is particularly worrisome.

House Bill 1399 Defies Established Medical Science Regarding Gender-Affirming Treatment for Transgender Youth

There is a broad consensus among medical researchers that gender-affirming care is medically necessary and should be made available to transgender people, including transgender youth. This position has been endorsed by every major medical association that has considered the

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issue, including the American Academy of Pediatrics ("AAP"),[1] Endocrine Society,[2] Pediatric Endocrine Society ("PES"),[3] American Medical Association ("AMA"),[4] American Psychiatric Association ("APA"),[5] American Academy of Child and Adolescent Psychiatry ("AACAP"),[6] the American College of Osteopathic Pediatricians ("ACOP"),[7] the National Association of Pediatric Nurse Practitioners ("NAPNAP"),[8] the American College of Obstetricians and Gynecologists ("ACOG"),[9] and the World Professional Association for Transgender Health ("WPATH").[10] The proposed bill stands in defiance of this established science.

Pediatric-focused medical associations have been particularly vocal in their defense of gender-affirming care for minors. In a 2018 statement, the AAP endorsed a gender-affirming care model, in which "pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience" through "the integration of medical, mental health, and social services, including specific resources and supports for parents and families."[11] The AAP expressly endorsed an individualized, rather than one-size-fits-all approach to providing gender-affirming care for transgender minors. "The decision of whether and when to initiate gender-affirmative treatment is personal and involves

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[1] *See* Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, AMERICAN ACADEMY OF PEDIATRICS, 142 (2018), *available at* https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000.

[2] *See* Endocrine Society, *Transgender Health: An Endocrine Society Position Statement* (Dec. 16, 2020), *available at* https://www.endocrine.org/advocacy/position-statements/transgender-health.

[3] *See* Pediatric Endocrine Society, *Transgender Care: Introduction to Health for Transgender Youth* (July 17, 2020), *available at* https://pedsendo.org/patient-resource/transgender-care/.

[4] *See* American Medical Association, *Issue brief: Health insurance coverage for gender-affirming care of transgender patients* at 5 (2019), *available at* https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf.

[5] *See* Jack Drescher & Eric Yarbrough, American Psychiatric Association, *Position Statement on Discrimination Against Transgender and Gender Diverse Individuals* at 2 (2018), *available at* https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf.

[6] *See* AACAP, *Policy Statement on Access to Gender-Affirming Care* (June 2024), *available at* https://www.aacap.org/AACAP/Policy_Statements/2024/Access_Gender-Affirming_Healthcare.aspx.

[7] *See* American College of Osteopathic Pediatricians, *Attacks on Gender-Affirming and Transgender Health Care* (2021), *available at* https://acopeds.org/acop-statement-against-anti-transgender-health-laws-in-state-legislation/.

[8] *See* National Association of Pediatric Nurse Practitioners et al., *NAPNAP Position Statement on Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 33 J. PED. HEALTH CARE A12 (2019), *available at* https://www.jpedhc.org/article/S0891-5245(18)30679-5/pdf.

[9] *See* American College of Obstetricians and Gynecologists Committee on Gynecologic Practice and Committee on Health Care for Underserved Women, *Committee Opinion Number 823: Health Care for Transgender and Gender Diverse Individuals* (2021, reaffirmed 2024), *available at* https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals.

[10] *See* Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT'L J. OF TRANSGENDER HEALTH S1 (2022).

[11] Rafferty, *supra* note 1, at 4.

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careful consideration of risks, benefits, and other factors unique to each patient and family. . . . There is no prescribed path, sequence, or end point."[12]

Per the AAP, appropriate care for minors may include:

- Treatment with gonadotropin-releasing hormones (commonly referred to as puberty blockers) "to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and family to explore gender identity, access psychosocial supports, developing coping skills, and further define appropriate goals."[13] Gonadotropin-releasing hormones have been used since the 1980s to treat precocious puberty in cisgender youths.
- Social affirmation, in which "children and adolescents express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, names, etc."[14]
- Legal affirmation, including changing the youth's name or gender marker on official identity documents, in school records, and elsewhere.[15]
- Prescribing cross-sex hormones "to allow adolescents who have initiated puberty to develop secondary sex characteristics" consistent with their gender identity.[16]
- Surgical affirmation, on a case-by-case basis.[17]

Furthermore, the AAP expressly advises against the approach known as "watchful waiting," "in which a child's gender-diverse assertions are held as 'possibly true' until an arbitrary age (often after pubertal onset) when they can be considered valid . . . . This outdated approach does not serve the child because critical support is withheld."[18]

The Endocrine Society has also come out strongly in support of providing care for transgender youth. According to a December 2020 statement, the Endocrine Society found that "medical intervention for transgender youth and adults (including puberty suppression, hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored), and has been established as the standard of care."[19]

In reaching this recommendation, the Endocrine Society noted the beneficial effects of gender-affirming care on transgender youth:

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[12] *Id.* at 5.
[13] *Id.*
[14] *Id.* at 6.
[15] *Id.*
[16] *Id.* at 6-7.
[17] *Id.* at 7 ("Although current protocols typically reserve surgical interventions for adults, they are occasionally pursued during adolescence on a case-by-case basis, considering the necessity and benefit to the adolescent's overall health and often including multidisciplinary input from medical, mental health, and surgical providers as well as from the adolescent and family.")
[18] *Id.* at 4.
[19] Endocrine Society, *Transgender Health: An Endocrine Society Position Statement* (Dec. 16, 2020), *available at* https://www.endocrine.org/advocacy/position-statements/transgender-health.

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> Transgender/gender incongruent youth who had access to pubertal suppression, a treatment which is fully reversible and prevents development of secondary sex characteristics not in alignment with their gender identity, have lower lifetime odds of suicidal ideation compared to those youth who desired pubertal suppression but did not have access to such treatment. Youth who are able to access gender-affirming care, including pubertal suppression, hormones and surgery . . . experience significantly improved mental health outcomes over time, similar to their cis-gender peers. Pre-pubertal youth who are supported and affirmed in their social transitions long before medical interventions are indicated, experience no elevation in depression compared to their cis-gender peers. It is critical that transgender individuals have access to the appropriate treatment and care to ensure their health and well-being.[20]

In other words, far from being experimental, age-appropriate gender-affirming care has been proven effective under a number of criteria.

The AMA has also endorsed gender-affirming care for minors and has actively discouraged states from adopting restrictions such as those in House Bill 1399. In an April 26, 2021 letter to the National Governors Association, ABA CEO, Dr. James L. Madara, wrote:

> Empirical evidence has demonstrated that trans and non-binary gender identities are normal variations of human identity and expression. For gender diverse individuals, standards of care and accepted medically necessary services that affirm gender or treat gender dysphoria may include mental health counseling, non-medical social transition, gender-affirming hormone therapy, and/or gender-affirming surgeries. Clinical guidelines established by professional medical organizations for the care of minors promote these supportive interventions based on the current evidence and that enable young people to explore and live the gender that they choose. Every major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people. . . .
>
> Transgender children, like all children, have the best chance to thrive when they are supported and can obtain the health care they need. Studies suggest that improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health and supports healthy relationships with parents and peers. Studies also demonstrate dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety.
>
> Other studies show that a majority of patients report improved mental health and function after receipt of gender-affirming care. Medically supervised care can also reduce rates of

[20] *Id.*

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harmful self-prescribed hormones, use of construction-grade silicone injections, and other interventions that have potential to cause adverse events.

It is imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician.[21]

The AAP, Endocrine Society, and AMA are far from alone in endorsing age-appropriate gender-affirming care for transgender youth, however. In a 2020 statement, the Pediatric Endocrine Society also endorsed individualized care that might include aspects of social, medical, and surgical transition. According to the PES statement, "There is no 'right' path for transgender youth, but all require support from family, community, and their health care professionals."[22]

The American Academy of Child & Adolescent Psychiatry likewise endorsed an individualized approach that "is developmentally thoughtful and addresses the youth's unique mental health needs, regardless of gender identity or expression" and strongly opposed "any efforts—legal, legislative, or otherwise—to block access to the recognized interventions for gender diverse youth."[23]

Similarly, a 2018 position paper by NAPNAP found that "pediatric health care is best delivered to youths in an individualized manner with a focus on health promotion and risk-reduction. Health care should be tailored to particular issues faced by the individual LGBTQ youth, especially when youth are questioning or struggling with sexual orientation or gender identity." NAPNAP further encourages pediatric nurse practitioners to "offer patients and their families referrals for counseling and appropriate support services, which may include hormone therapy or referral to a specialist when appropriate."[24]

In 2021, the American College of Osteopathic Pediatricians issued a statement in opposition to state efforts to ban access to gender-affirming care for minors. The ACOP statement noted that while "transgender teens carry a higher risk of homelessness, poverty, drug and alcohol abuse, involvement in sex work, mental illness and suicidality," "one intervention that has been shown to lower this level of mental and emotional distress is access to gender affirming healthcare."

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[21] Letter from James L. Madara to National Governors Association (April 26, 2021), *available at* https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf. *See also* Press Release: AMA Reinforces Opposition to Restrictions on Transgender Medical Care (June 15, 2021), *available at* http://ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care.

[22] Pediatric Endocrine Society, *Transgender Care: Introduction to Health for Transgender Youth* (July 17, 2020), *available at* https://pedsendo.org/patient-resource/transgender-care/.

[23] AACAP, *Policy Statement on Access to Gender-Affirming Care* (June 2024), *available at* https://www.aacap.org/AACAP/Policy_Statements/2024/Access_Gender-Affirming_Healthcare.aspx.

[24] National Association of Pediatric Nurse Practitioners et al., *NAPNAP Position Statement on Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 33 J. PED. HEALTH CARE A12 (2019), *available at* https://www.jpedhc.org/article/S0891-5245(18)30679-5/pdf.

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Banning access to gender-affirming care "will certainly have a tremendous negative impact on the psychological and physical well-beings of these teens."[25]

Each of these medical associations has considered the question of gender-affirming healthcare with great attention, care, and detail. Each of them has reached the same basic conclusion: individualized, age-appropriate gender-affirming healthcare is critical for the wellbeing of transgender youths. Denial of such care comes at a significant cost to their mental and physical health.

And yet, House Bill 1399 disregards all of this evidence, and instead imposes a blanket ban on the prescribing of so-called "cross-sex hormones" and puberty blockers until transgender individuals reach adulthood. Contrary to the individualized treatment endorsed by every major medical association, the proposed bill has the effect of enforcing the outdated watchful waiting approach specifically condemned by the AAP. In doing so, they disregard the individualized needs of the patient, the expert medical opinion of the treating physician, and the weight of medical evidence in support of care.

The evidence goes far beyond the policy statements of medical organizations, however. In July 2022, a group of medical researchers led by Dr. Meredithe McNamara, Assistant Professor of Pediatrics at the Yale School of Medicine, provided a comprehensive survey of existing science on gender-affirming care ("Yale Review") in response to the Florida Agency for Health Care Administration's June 2, 2022 report calling gender-affirming care experimental. The Yale Review cited extensive evidence supporting the non-experimental nature of gender-affirming care, including gender-affirming care for minors. As the Yale Review demonstrates, numerous studies into the efficacy of gonadotropin-releasing hormones and gender-affirming hormone treatments on both transgender and cisgender youths demonstrate their long-term efficacy and gender-affirming care has positive psychosocial impacts on transgender youth, increasing positive mental health outcomes, and decreasing suicidal ideation into adulthood.[26] House Bill 1399 stands in defiance of this broad consensus in peer-reviewed medical science.

House Bill 1399 Perpetuates Discrimination Against Transgender Marylanders, Especially Transgender Youth

Transgender people, including transgender youth, face longstanding and pervasive social stigma. Because of this, many transgender people have struggled to get access to any and all medical care—including not only gender-affirming care or other care recommended to treat gender dysphoria, but also medical care for wholly unrelated conditions. House Bill 1399 will compound this discrimination, increasing barriers to healthcare for both transgender youths and adults.

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[25] American College of Osteopathic Pediatricians, *Attacks on Gender-Affirming and Transgender Health Care* (2021), *available at* https://acopeds.org/acop-statement-against-anti-transgender-health-laws-in-state-legislation/.
[26] Meredithe McNamara et al., *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022), *available at* https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida-medicaid/ .

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Numerous studies have documented the widespread and pervasive discrimination experienced by transgender people in the United States' healthcare system.[27] In 2015, the National Center for Transgender Equality (now Advocates for Transgender Equality) conducted the U.S. Transgender Survey ("USTS"), which examined the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas.[28] Of these, 662 respondents were Maryland residents at the time of the survey.

Among Maryland respondents, 29% of those who had seen a healthcare provider in the year prior to the survey reported having negative experiences related to their transgender status, including being refused treatment, being verbally harassed, or even being physically or sexually assaulted by a healthcare provider. In part because of this pervasive harassment and discrimination, nearly one-quarter (23%) of Maryland respondents stated they had not seen a doctor in the previous year despite needing to do so because they feared mistreatment due to their transgender status.[29]

Such overt discrimination is even worse for transgender people of color and transgender people with disabilities. While 23% of all respondents to the USTS reported not seeing a health provider in the prior year due to fear of mistreatment, the rates were significantly higher for communities of color, including American Indian (37%), Black (26%), Latino/a (26%), Middle Eastern (34%), and multiracial (28%) respondents.[30] Similarly, while one-third (33%) of respondents reported one or more negative experiences with a health provider in the prior year, the rate jumped to 42% for transgender people with disabilities.[31]

Unfortunately, the situation has not improved in the seven years since the USTS. According to a 2020 national survey conducted by the Center for American Progress and the University of Chicago, nearly half (47%) of transgender respondents reported having experienced at least one form of discrimination from healthcare providers due to their gender identity; for transgender

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[27] *See, e.g.,* Janis Renner et al., *Barriers to Accessing Health Care in Rural Regions by Transgender, Non-Binary, and Gender Diverse People: A Case-Based Scoping Review,* 12 FRONTIERS IN ENDOCRINOLOGY at 2 (2021), *available at* https://www.frontiersin.org/articles/10.3389/fendo.2021.717821; Michelle Teti et al., *A Qualitative Scoping Review of Transgender and Gender Non-conforming People's Physical Healthcare Experiences and Needs*, 9 FRONTIERS IN PUBLIC HEALTH at 18-19 (2021), *available at* https://www.frontiersin.org/articles/10.3389/fpubh.2021.598455.

[28] Sandy E. James et al., "The Report of the 2015 U.S. Transgender Survey" (Washington: National Center for Transgender Equality, 2016) (hereinafter "James, USTS"), *available at* https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf. While a follow-up survey was conducted in 2022, data analysis remains underway at this time.

[29] *2015 U.S. Transgender Survey: Maryland State Report* (Washington, National Center for Transgender Equality, 2017), *available at* https://transequality.org/sites/default/files/USTS%20MD%20State%20Report.pdf.

[30] James, USTS, *supra* note 28, at 98.

[31] *Id.* at 97.

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people of color, the rate jumped to over two-thirds (68%).[32] Discriminatory treatment included physically rough or abusive treatment (20% of all transgender respondents; 38% of transgender people of color respondents); using harsh or abusive language while treating the transgender patient (19%; 29%); or even refusing to provide any care to the patient at all (18%; 28%).[33] As a result, 28% of transgender respondents reported delaying or not receiving necessary medical care in the prior year due to the fear of discrimination, with 40% (54% of transgender respondents of color) avoiding preventative screenings.[34] According to a 2022 survey, just under half (49%) of transgender or nonbinary respondents reported that they feared being denied medical care if they revealed their gender identity to a healthcare provider.[35] Sadly, this fear was not groundless, as nearly one-third (32%) of transgender or nonbinary respondents reported having experienced at least one denial of healthcare due to their gender identity.[36]

While these surveys focus on the experiences of transgender adults rather than transgender youth, they demonstrate the pervasiveness of discrimination against trans people of all ages. Transgender youths are not immune to healthcare discrimination because they have not yet reached the age of 18, and transgender adults do not suddenly experience an entirely different medical system at that same threshold. Instead, the widespread discrimination against all transgender people—whether specific to healthcare or more broadly societal—creates significant barriers for transgender youth seeking healthcare, no matter what it is for.

Unfortunately, House Bill 1399 will only make this worse, as it will create a system in which transgender youth will fear, rather than seek out, healthcare, and which will encourage patients to lie to their providers to protect themselves, their families, and those from whom they have received care in the past. For instance, a transgender boy visiting the emergency room for a respiratory infection might face intense scrutiny from hospital staff about what transition-related care he had received, who provided it, and whether it was prescribed in the state of Maryland—all despite the fact that his transgender status is entirely unrelated to the issue for which he is seeking care. Knowing this is likely to be the case, he might simply decide to stay home and try to tough out the illness, causing the infection to become significantly worse than it would have been with proper treatment. This phenomenon, often referred to as Trans Broken Arm Syndrome, describes the all-too-common occurrence where healthcare providers are more concerned with transgender patient's gender identity than with the reason they present for care.[37]

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[32] Caroline Medina et al., *Protecting and Advancing Health Care for Transgender Adult Communities* (2021), *available at* https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/.
[33] *Id.*
[34] *Id.*
[35] Caroline Medina et al., *Advancing Health Care Nondiscrimination Protections for LGBTQI+ Communities* (2022), *available at* https://www.americanprogress.org/article/advancing-health-care-nondiscrimination-protections-for-lgbtqi-communities/.
[36] *Id.*
[37] *See, e.g.*, David Oliver, *"Being Transgender Is Not a Medical Condition": The Meaning of Trans Broken Arm Syndrome*, USA TODAY (July 27, 2021), *available at*

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More worrisome, House Bill 1399—especially when coupled with unconstitutional federal executive orders—may lead many healthcare providers across Maryland to preemptively refuse to treat transgender youth for anything, regardless of whether it constitutes gender-affirming care or relates to their transgender status. Regardless of their clinical judgment of the medical necessity of gender-affirming care, many medical providers may reasonably conclude that the legal risk for providing any care at all is simply too great, especially given the extensive history of discrimination against transgender people seeking access to healthcare noted above.

And just as how discrimination does not abruptly start at 18, its effects are likely to reverberate through one's lifetime. According to the USTS, transgender people subjected to conversion therapy in the past were significantly more likely to be experiencing serious psychological distress at the time of the survey (47% vs. 34% of all respondents), to have attempted suicide at some point in their life (59% vs. 38%), to have run away from home (22% vs. 8%), and to have experienced homelessness (46% vs. 29%).[38] Furthermore, the habit of avoiding medical professionals as a minor is likely to continue well into adulthood, whether because the individual has learned to fear doctors or because they worry about facing harassing questions over treatment received (or not received) as a youth.

In the end, House Bill 1399 will do little but exacerbate the healthcare disparities between transgender people and their cisgender peers, while doing nothing to improve the quality of care for transgender youth themselves.

Conclusion

House Bill 1399 is built on and perpetuates discrimination against transgender youths and defies the best practices established by peer-reviewed medical science and endorsed by every major medical association that has reviewed the issue. For this reason, Trans Maryland strongly urges a negative report on HB1399.

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https://www.usatoday.com/story/life/health-wellness/2021/07/27/trans-broken-arm-syndrome-what-it-how-combat-discrimination-health-care/8042475002/; Lisa Simons & Raina Voss, *Advocating for Transgender and Gender Expansive Youth in the Emergency Setting*, 21 CLINICAL PEDIATRIC EMERGENCY MEDICINE 100780 (2020), *available at* https://www.sciencedirect.com/science/article/abs/pii/S1522840120300343?via%3Dihub; Douglas Knutson et al., *"Trans Broken Arm": Health Care Stories From Transgender People in Rural Areas* 7 J. RESEARCH WOMEN & GENDER 30 (2016), *available at* https://digital.library.txstate.edu/handle/10877/12890.

[38] James, USTS, *supra* note 28, at 110.