



## HB 1380

### OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

### OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

### OPPOSE

Women's Liberation Front OPPOSES HB 1380 which allows insurers, nonprofits, and health maintenance organizations to provide coverage for drugs and hormones for purposes of "gender-affirming care."

Women's Liberation Front is a national secular nonpartisan 501(c)(3) nonprofit that works to restore, defend, and advance the rights of girls and women. We oppose validating the concept of "gender" ("sex stereotypes") or the designation and socially enforced notion that certain traits and preferences are innate and specific to the sexes. This concept harms girls and women who do not comply with sex stereotypes, including same-sex attraction, by socially penalizing girls and women and making gender nonconforming women and girls targets of harassment, abuse, and violence. We strongly oppose the advancement of "gender ideology" or catering to the concept of "gender identity" for taking the concept of "gender" further by asserting one's adherence to these sex stereotypes is what truly makes you a man or a woman. Laws that accommodate "gender identity" emphasize the "validity" of gender roles upon the public and dehumanizes girls and women by reducing the female sex into a costumed "identity" instead of a material condition that deserves consideration in law. Acceptance of one's sex outside of gender roles ought to have been the progressive way forward instead of insisting upon the alleged benefits of medical and surgical interventions under pain of injury and illness to conform to social expectations of "gender" and "gender identity."

Under the provisions of HB 1380 specifically, it does not serve the public to allow insurers and nonprofits without oversight to provide "gender affirming care," especially when rigorous systematic reviews in the United Kingdom,<sup>1</sup> Germany,<sup>2</sup> Finland,<sup>3</sup> Sweden,<sup>4</sup> and the United States<sup>5</sup> reveal the studies to support the benefits of these treatments are incredibly poor and offer weak evidence. Even Chase Strangio of the American Civil Liberties Union when testifying before the Supreme Court admitted heightened suicide ideation among those who are not affirmed is a myth.<sup>6</sup> The assumed benefits of providing such "care" under pretense of improving mental health of the "gender dysphoric" is a lie.

For the benefit of Maryland's general assembly, when considering the alleged necessity of providing supraphysiological doses of testosterone to girls and women under the belief this improves one's mental health, such benefits must contend



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with several known harms which includes but is not limited to heart attacks;<sup>7, 8</sup> adverse lipid profile;<sup>9</sup> erythrocytosis (dangerously high red blood cell count);<sup>10</sup> blood clots;<sup>11, 12</sup> high blood pressure;<sup>13</sup> subclinical atherosclerosis (hardening of the arteries);<sup>14</sup> ovarian damage;<sup>15</sup> uterine and endometrial pathology;<sup>16</sup> infertility;<sup>15, 17</sup> endometrial,<sup>18</sup> breast,<sup>19</sup> and liver cancers;<sup>20</sup> vaginal atrophy;<sup>21, 22</sup> prostatic metaplasia;<sup>23</sup> pelvic pain<sup>24</sup> and pelvic floor dysfunction;<sup>25</sup> neurological disorders such as idiopathic intracranial hypertension (IIH) which is characterized by high pressure around the brain which can result in headaches and vision loss;<sup>19</sup> psychiatric and behavioral disorders;<sup>19</sup> vaginal cuff dehiscence;<sup>26</sup> and increased mortality.<sup>27</sup> If a woman or girl has her ovaries removed as a part of “gender affirming care,” she may suffer loss of bone density.<sup>28</sup> This is to say nothing of the risk of infection and sepsis from surgeries like phalloplasty where tissue is harvested from another part of the body (usually the arm) to create a neophallus or a facsimile of male genitalia on a female patient. A 2022 meta-analysis found that 76.5% of phalloplasty surgeries result in complications such as urethral complications, wound breakdown, pelvic bleeding or pain, bladder or rectal injury, lack of sensation, prolonged need for drainage, and/or need for further procedures. From the place where tissue was harvested, patients may experience decreased mobility, blood clots, pain, and decreased sensation.<sup>29</sup> By comparison, vascular surgery, which is nonelective, has a complication rate of 13%.

And though Women’s Liberation Front’s focus is staunchly on the welfare of girls and women, the health complications are not exclusive to the female sex. Boys and men taking suprathysiologic doses of estrogen to mimic the secondary sex characteristics of girls and women are subject to cardiovascular diseases such as a five-times greater risk to venous thromboembolism which escalates the longer he may undergo such “treatment” and a heightened risk of stroke. Boys and men may also suffer the likelihood of permanent testicular atrophy; abnormal sperm production; atypical testicular tissue mimicking germ cell neoplasia which is the precursor lesion for many types of testicular germ cell tumors; elevated risks of testicular, breast, and thyroid cancers; decrease in brain volume; cognitive impairment; increased risk of Major Depressive Disorder; greater fat mass and impaired insulin resistance; increased likelihood of developing lupus, rheumatoid arthritis, and systemic sclerosis; risk of hypertriglyceridemia-induced and gallstone pancreatitis; and an increased mortality of 80%.<sup>30</sup>

Before any public entity forms policy to expand access to a form of “care” with such a lengthy roster of health issues, erring on the side of caution ought to be the preferred route. Especially when the assertion of reduced suicidality is an admitted lie by proponents of “gender affirming care,” HB 1380 is poised to harm the very demographic it claims to be supporting by expanding such “care.”



Women's Liberation Front OPPOSES HB 1380 and strongly recommends Maryland's general assembly think critically about the type of "care" they are supporting among its citizens.

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Sincerely,

Women's Liberation Front

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<sup>3</sup> Palveluvalikomia. Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland). 2020. [https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)

<sup>4</sup>The Swedish Agency for Social and Medical Evaluation. Hormone therapy for gender dysphoria – children and adolescents. February 22, 2022. Accessed February 21, 2026. <https://www.sbu.se/342>

<sup>5</sup> Department of Health and Human Services. Treatment for Pediatric Gender Dysphoria Review of Evidence and Best Practices. November 19, 2025. <https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report.pdf>

<sup>6</sup> Sapir L. ACLU Attorney Confesses: Transgender-Suicide Claim is a Myth. *City Journal*. December 4, 2024. <https://www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth>

<sup>7</sup> Alzahrani T, Nguyen T, Ryan A, et al. Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population. *Circulation: Cardiovascular Quality and Outcomes*. Vol. 12 No. 4. April 5, 2019. <https://doi.org/10.1161/CIRCOUTCOMES.119.005597>

<sup>8</sup> Nota NM, MD, Wiepjes CM, de Blok CJM. Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy: Results From a Large Cohort Study.



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<https://doi.org/10.1016/j.jcte.2024.100349>

<sup>10</sup> Madsen MC, van Dijk D, Wiepjes CM, et al. Erythrocytosis in a Large Cohort of Trans Men Using Testosterone: A Long-Term Follow-Up Study on Prevalence, Determinants, and Exposure Years. *The Journal of Clinical Endocrinology & Metabolism*, Volume 106, Issue 6. June 2021. pp 1710–1717, <https://doi.org/10.1210/clinem/dgab089>

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