

Testimony of Meredithe McNamara, MD MSc

U.S. House of Representatives Energy and Commerce Committee Hearing on “Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases.”

June 14, 2023

Thank you, Health Subcommittee Chair Guthrie, Ranking Member Eshoo, and Members of the Subcommittee. I am a Board-Certified Pediatrician and Adolescent Medicine Physician. I have spent twelve years in medical training, in direct patient care and in clinical research. I serve the diverse health needs of young people aged 12 to 25 and, as an Assistant Professor at the Yale School of Medicine, I teach medical students and pediatrics residents and fellows. I am also the co-founder of the Integrity Project for Child and Adolescent Health, which seeks to infuse health policy debate with scientific evidence.

Regarding Government Interference into the Standard of Care for Transgender Youth

Gender-affirming care is the only evidence-based treatment for gender dysphoria, a condition that reflects a discordance between one’s gender identity and sex assigned at birth. Gender-affirming care (GAC) is a process that may include social transition, connection to community supports, mental health care, and medical treatments according to clinical practice guidelines. GAC is not a linear process, and the needs of transgender people are diverse. One’s pursuit of gender affirmation may or may not include medical interventions. The scientific evidence shows that GAC is lifesaving care that improves mental health and physical well-being in those experiencing gender dysphoria. GAC for youth and adults has been expressly supported by over

20 major medical associations. For transgender youth, care is facilitated by a multidisciplinary team of health care providers, who consult with patients and guardians about measures ranging from social transition to medication, depending on the patient's needs. Such care is longitudinal and legal guardians must provide consent for all medical therapies. Tens of thousands of transgender youth reside in jurisdictions of emerging health care bans. When evidence-based care of gender dysphoria is interrupted or restricted, suicide, depression, anxiety, disordered eating, and poor quality of life follow. Such bans also harm transgender youth during a pivotal period of development. Legal actions inflame minority stress by broadcasting a message of non-affirmation and prejudice. The law's amplification of external stressors while undermining family and school-based support systems inflict multi-dimensional harms on transgender youth. In the past year, nearly 19% transgender youth reported suicide attempts, 53% reported seriously considering suicide, and over 90% reported fears of losing access to medical care and public bathrooms.^{1,2} GAC bans also have wider implications for privacy, bodily autonomy, and the integrity of evidence-based medicine. These bans intrude into the doctor–patient relationship and medical decision making. They also issue harsh punishments toward clinicians who seek to act ethically by providing standard medical care. The adoption of GAC bans based on disinformation also distorts public opinion and may degrade trust in health care.

Proponents of GAC bans propagate disinformation in a few predictable ways.^{1,2} From my position as a medical practitioner and expert in this area of care, I see five categories of misinformation – (1) a denial of the medical condition of gender dysphoria, (2) false claims about standard practice, (3) false claims about the evidence that backs care, (4) false claims about the safety of treatments and (5) an attack on medical authority.

I am here to ensure you have the facts to address this misinformation. Gender dysphoria – the long-standing and significant distress many transgender people have from the incongruence between their gender identity and the sex they were assigned at birth – is a recognized, serious medical condition; transgender people of all ages exist. Their healthcare is based on established standards of care and clinical practice guidelines, which are themselves based on substantial medical research and evidence, as well as decades of clinical practice; based on these standards, youth and parents receive informed counseling about the risks and benefits of specific treatments and every major medical organization stands behind this care.

Regarding the Proposed Amendment to the Public Health Service Act

The amendment to the Public Health Service Act before you proposes to defund post-graduate pediatrics training programs throughout our country if these institutions provide the standard of care to transgender youth. There are currently over 11,000 pediatrics residents and over 4,700 pediatrics fellows in subspecialty training programs in the United States.³ Fifty-nine hospitals depend on this funding and their trainees' salaries would be withdrawn if the current amendment were to pass. Pediatrics residencies and fellowships are the backbone of healthcare for children in this country. During the triple-demic of influenza, COVID-19, and RSV, it was pediatrics residents and fellows who worked every hour of every day to help children survive life-threatening respiratory diseases.⁴ They help NICU grads get to kindergarten. They keep outpatient clinics flowing so that kids get routine well care. Residents and fellows also form a pipeline of research and innovation that makes this country a global leader in every area of medical science.

This bill would require children's hospitals to deny kids healthcare to maintain funding. As a practical matter, there is no way to banish all transgender children from children's hospitals, nor is there any way for pediatricians simply to refuse to provide these children with medically necessary care. Kids suffer when their legislators remove parent's rights and prevent pediatricians from providing the evidenced-based standard of care. American pediatricians will not accept being told they have to leave even a single child behind. There is no room in our clinics for the government.

For your additional reading, I am submitting two extensive rebuttal reports that I have produced with multidisciplinary colleagues. These reports exhaustively debunk disinformation in bans on gender-affirming care in Alabama, Florida, and Texas. All of these bans have been enjoined by courts and these reports have been cited by plaintiffs to support their challenges to these bans. These reports have also been cited extensively by the media and in medical literature. The themes of disinformation that these reports debunk are prevalent throughout policy debate on care for transgender youth.

1. Boulware SD, McNamara M, Kuper L, et al. Biased Science: The Texas and Alabama Measures Criminalizing Medical Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims. Yale.edu. 2022. Available from: https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/report%20on%20the%20science%20of%20gender-affirming%20care%20final%20april%202028%202022_442952_55174_v1.pdf [Last accessed: June 10, 2023].
2. McNamara M, Abdul-Latif H, Boulware SD, et al. A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria. Yale.edu. 2022. Available from: https://medicine.yale.edu/lgbtqi/research/gender-affirmingcare/florida%20report%20final%20july%202022%20accessible_443048_284_55174_v3.pdf [Last accessed: June 10, 2023].
3. <https://www.abp.org/dashboards/yearly-growth-general-pediatrics-residents-demographics-and-program-characteristics>; <https://www.abp.org/dashboards/yearly-growth-pediatric-fellows-subspecialty-demographics-and-program-characteristics>
4. Furlow, Bryant. "Triple-demic overwhelms paediatric units in US hospitals." *The Lancet Child & Adolescent Health* 7, no. 2 (2023): 86.