Testimony of Jay T. Allen, MD
Related to LD 1735
"An Act to Safeguard Gender-affirming Health Care"

1) **Background**
   a) My name is Jay T. Allen, MD. I have a bachelor's in biological sciences from the Massachusetts Institute of Technology, a master's in life sciences (with a focus on genetics) from Carnegie Mellon University and a medical degree from Medical College of Pennsylvania (now part of Drexel University). I have practiced family medicine for 23 years in the US Army and 6 years in civilian practice. I recently retired due to health issues.
   b) I would like to testify against this bill.

2) **The Title is Concerning**
   a) Unlike the stated intent of this bill, the title and content of this bill is more about protecting a particular course of therapy, specifically "Gender Affirming Care" than it is about protecting children and adolescents.

3) **It is inappropriate to codify a particular course of therapy**
   a) Medical therapy can change very quickly, especially with new research findings or new guidelines. It is inappropriate to codify "Gender Affirming Care" because the recommendations could change rapidly.
   b) Codifying "Gender Affirming Care" takes medical decision making out of the hands of those who should be making the decision, specifically providers, parents, and the patients.

4) **It's particulary inappropriate to codify unproven therapies.**
   a) While gender therapy clinics and providers will tell you that "gender affirming care" is both proven and effective, those statements are not supported by the research.
      i) Two systemic reviews in the UK found no evidence of improvement in mental health for youth treated with puberty blockers and found highly uncertain benefits of using cross-gender hormones.[i] As stated in another study, "Any potential benefits of gender-affirming hormones must be weighed against the largely unknown long-term safety profile of these treatments in children and adolescents with gender dysphoria."[ii] The risks of hormonal interventions include osteopenia/osteoporosis, increases in blood pressure, lipid profiles and body mass index.

      ii) A Swedish systemic review prompted the National Board of Health and Welfare to recommend treatment guidelines that, in their words, are "more restrictive" than the recommendations issued in 2015. Their current guideline states that, "[f]or adolescents with gender incongruence, the NBHW deems that the risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment currently outweigh the possible benefits, and that the treatments should be offered only in exceptional cases."[iii] Likewise, the United Kingdom and Finland have both curtailed the use of "gender affirming" treatment for minors based on results of similar studies performed by their own governments. The treatment recommendations for minors in these three countries closely allies with the treatment recommendations of Florida and other, so-called, red states.

5) **Childhood-onset gender dysphoria has a high rate of natural resolution.**
   a) Approximately 61-98% of children will reidentify with their biological sex during puberty.

6) **Transitioning has a high rate of regret.**
   a) Regret is one outcome of medical and/or surgical treatment.
      i) Those who perform transition surgeries cite low rates of regret (1-2%). However, a recent study of military health records showed that regret may be as high as 30%[iv].

      ii) In one study, detransitioners reported realizing that "their gender dysphoria was related to other issues."[v] In other words, gender dysphoria is a symptom of an underlying condition. It is always better to treat the underlying condition rather than the symptom. Common comorbid conditions include depression, anxiety, attention-deficit disorder and autism.

7) **Non-Medical Concerns**
   a) This law would deprive parents of their parental rights without due process.
   b) The sponsors of this bill have incredible amounts of arrogance to assume that they know what medical treatment is best for a child they have never met rather than leaving medical decisions to the parents who raised the child and the clinicians who have been providing that child's care.

8) **Summary**
   a) This bill should not pass because "gender affirming care" has questionable benefit and potential for significant harm, especially since gender dysphoria in minors usually resolves naturally during puberty in the vast majority of patients. Also, the regret rate and detransition rates are higher than those quoted by transition

surgeons, with rates being has high as 30%. Finally, this is an example of legislative overreach in which parental rights are denied without due process because pompous legislators feel themselves better suited than parents to make medical decisions for a child they have never met to allow those children to receive medical treatment with questionable benefit and potential for significant harm.

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[i] National Institute for Health and Care Excellence (NICE). Evidence review: gonadotrophin releasing hormone analogues forchildren and adolescents with gender dysphoria. 2020 https://cass.independent-review.uk/nice-evidence-reviews/.

[ii] National Institute for Health and Care Excellence (NICE). Evidence review: gender-affirming hormones for children and adolescents with gender dysphoria. 2020. https://cass.independentreview.uk/nice-evidence-reviews/.

[iii] Socialstyrelsen [National Board of Health and Welfare]. Care of children and adolescents with gender dysphoria – summary. 2022. Retrieved 11 May 2023 from https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf.

[iv] Roberts CM, Klein DA, Adirim TA, Schvey NA, Hisle-Gorman E. Continuation of gender-affirming hormones among transgender adolescents and adults. J Clin Endocrinol Metab. Published online April 22, 2022:dgac251. https://doi.org/10.1210/clinem/dgac251.

[v] Vandenbussche E. Detransition-related needs and support: a cross-sectional online survey. J Homosex. 2022;69(9):1602–20. https://doi.org/10.1080/00918369.2021.1919479.