



Access to Gender-Affirming Care Issue Brief – June 2022

What is the Issue?

States have begun advancing policy through legislation and executive directives that inhibit healthcare practitioners' abilities to provide gender-affirming care to pediatric patients. To date, measures range from:

- Prohibiting public funding for gender-affirming care for adolescents (Arkansas Law).
- Barring future state policy to require private payers to cover gender-affirming care for adolescents (Arkansas Law).
- Revoking licenses to from practitioners who provide gender-affirming care to those under 19 years (Arkansas Law) or to pre-pubescent children (Tennessee Law).
- Charging practitioners with Class C felonies who prescribe or administer puberty suppressants or hormone treatments to children under 19 years (Alabama Law).
- Designating gender-affirming care as child abuse and directing state agencies to investigate reports of such abuse (Texas Governor's Directive).
- Issuing Departmental guidance against gender-affirming interventions for individuals under 18 years (Florida Governor's Guidance).

As of May 2022, finalized or pending measures that impede access to gender-affirming care for adolescents exist in 20 states. This number—and scope of these measures—will likely increase over the next few years as more states seek to regulate this care. The uptick in state activity heightens the urgency for action among stakeholders. Pediatric nurses are key stakeholders in this debate.

What is Gender-Affirming Care?

Gender-affirming care is a series of services that may include mental health counseling, social-transition support, puberty suppression, hormone therapy, surgical, and non-medical support for individuals who are transgender or non-binary.¹ This care is not exclusive to sex-reassignment surgery and is not a one-size-fits-all intervention. Gender-affirming care is evidence-based and involves a multi-disciplinary healthcare team.

Is Gender-Affirming Care Standard Medical Care?

Medical consensus indicates some interventions are appropriate for adolescents with certain gender dysphoria diagnoses. According to the Endocrine Society, individuals with gender-dysphoria should receive evidence-based and personalized guidance, medical management, and support from an experienced multidisciplinary team of medical and mental health professionals. These teams should work closely with each patient to help ensure that interventions are appropriate, take place at the appropriate time, and are modified as necessary.²

The Pediatric Endocrine Society, the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics align with the Endocrine Society's guidance on the importance of gender-affirming care. According to the Endocrine Society's Transgender Research

¹ Hembree, Wylie C et al. The Endocrine Society. *Gender Dysphoria/Gender Incongruence Guideline Resources*. September 2017. <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence#1>.

² Ibid.

and Medicine Special Interest Group, "...transgender and gender diverse individuals face a disproportionately high risk of suicide and other health disparities, it is crucial that they have access to essential and often life-saving, gender-affirming care from well-informed health care professionals."³

The Pediatric Endocrine Society and the Endocrine Society, recommend reversible gender-affirmation care, such as puberty-suppression, for adolescents until the adolescent demonstrates capacity to provide informed consent for additional gender dysphoria interventions.⁴ Providers may also recommend mental-health counseling and social transition guidance, in lieu of, or in addition to puberty suppression. Current medical consensus does not recommend puberty suppressants or hormone treatments for pre-pubertal children with gender dysphoria/gender incongruence diagnoses.⁵

The Endocrine Society recommends gradual dosage for sex-hormone therapy for certain adolescents with a gender-dysphoria diagnoses. These individuals should exhibit the mental capacity (typically 16 years or older) to provide informed consent and work closely with an informed medical team. There is little data available for administering hormone therapies to individuals younger than 16 years of age and medical consensus does not recommend surgical interventions for adolescents.⁶

How Does Gender-Affirming Care Help Minors?

Minors who are transgender face higher rates of psychological distress and mental health problems such as anxiety, self-harm, and depression due to stigma, lack of acceptance, and discrimination. A 2020 *Pediatrics* study found that 40 percent of transgender adolescents who were 15 years or older had self-harmed and 52 percent had contemplated suicide.⁷ Another study showed that transgender youth are more prone to self-harm, substance abuse, violence victimization, and sexual-risk behavior.⁸

Research shows that gender-affirming care can improve mental health outcomes for many minors with gender dysphoria/gender incongruence. Minors who receive this care experience improvements in mental health and often show mental health (e.g. reduced or comparable rates of depression, suicide, etc.) comparable to their peers. One study found that minors who received gender-affirming care were 60-percent less likely to experience depression and suicidality in the 12 months following intervention.⁹ Another study found that those who received puberty suppressants were 70-percent less likely to have suicidal thoughts compared to youth who did not undergo puberty suppression.¹⁰

How do Laws that Prohibit Gender-Affirming Care Affect Pediatric Nurses?

Medical data, not ideology, should inform patient-treatment decisions. Policies that prohibit pediatric nurses from providing appropriate care to their patients can result in serious health consequences to those seeking such care. Further, such policy also poses risks of criminal sentencing and license revocation for nurses who do provide this care.

³ Dr. Sean Iwamoto, co-chair of the Endocrine Society's Transgender Research and Medicine Special Interest Group.

⁴ The Endocrine Society. *Discriminatory policies threaten care for transgender, gender diverse individuals*. December 2020. <https://www.endocrine.org/news-and-advocacy/news-room/2020/discriminatory-policies-threaten-care-for-transgender-gender-diverse-individuals>.

⁵ Ibid.

⁶ The Endocrine Society and Pediatric Endocrine Society. *Transgender Health: Supporting Gender Diverse Youth to Improve their Health, Well-Being, and Safety*. https://www.endocrine.org/-/media/endocrine/files/advocacy/documents/transgender_health_minors_fact_sheet.pdf

⁷ Sorbara et al. *Mental Health and Timing of Gender-Affirming Care*. *Pediatrics*. (2020) 146 (4): e20193600.

<https://publications.aap.org/pediatrics/article/146/4/e20193600/79683/Mental-Health-and-Timing-of-Gender-Affirming-Care>.

⁸ Johns MM, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students — 19 states and large urban school districts, 2017. *MMWR Morb Mortal Wkly Rep*. 2019;68(3):67–71. doi:10.15585/mmwr.mm6803a3.

⁹ Tordoff et al. *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*. *JAMA Netw Open*. 2022; 5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978.

¹⁰ Turban et al. *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*. *Pediatrics*, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7073269/>.

Bills that infringe on medical-management protocol informed by trained clinicians crosses a line by infringing upon the scope and expertise of trained medical providers. Arkansas Governor, Republican Asa Hutchinson, cited this concern when he vetoed *the SAFE Act*, H.B. 1570, in April 2021. “If (the bill) becomes law, then we are creating new standards of legislative interference with physicians and parents as they deal with some of the most complex and sensitive matters involving young people.”¹¹

Bills with no scientific backing that instruct clinicians on patient protocol sets a dangerous precedent for state interference in healthcare decisions. Inhibiting access to care—and criminalizing those who provide appropriate care—does not have the well-being of patients in mind.

What Can pediatric Nurses do to Oppose Bills that Inhibit Care?

Pediatric nurses are subject-matter experts in caring for their patients. Many of these state measures are misinformed, not evidence-based, and contradict longstanding peer-reviewed literature. It is up to experts—those who see patients who suffer from healthcare inequalities, or benefit from these interventions—to help ensure that policymakers are made aware of evidence-based, medical standards. Pediatric nurses see firsthand how appropriate medical intervention—or the inability to medically intervene can have on a patient’s health and well-being.

Takeaway

Policies that deny or limit access to gender-affirming care ignore an established evidence base that demonstrates that this care is medically appropriate and necessary for transgender minors. According to the U.S. Department of Health & Human Services’ Office for Civil Rights, restricting access to such care is dangerous as it “creates a chilling effect” on the providers caring for transgender youth and threatens the health and well-being of these youth.¹² These policies set a dangerous precedent that allows lawmakers to interfere with the provision of standard-medical care.

¹¹ AP News. Arkansas Governor Vetoes Transgender Youth Treatment Ban. Andrew DeMillo. April 5, 2021.

<https://apnews.com/article/arkansas-legislature-us-news-legislation-asa-hutchinson-83d07a502678f9745bb00f91aa4865f6>.

¹² U.S. Department of Health & Human Services’ Office for Civil Rights. *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy*. March 2, 2022. <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>.