



ACCESS TO GENDER-AFFIRMING CARE

ADVOCACY TALKING POINTS

OVERVIEW

Gender-affirming treatments that are standard medical care should be available to all patients with medical necessity. Medical data, not ideology, should inform treatment decisions.

Gender-affirming care is not a one-size-fits-all intervention and is not exclusive to sex-reassignment surgery. It is specific to the individual and can include social-transition support, puberty suppressants, and in some cases, hormone-replacement therapy.

There is medical consensus that interventions for gender dysphoria for minors are appropriate for certain diagnoses. As with any medical-management plan, the patient/caretaker and the multi-disciplinary clinical team that includes mental health specialists should work together to determine a care plan.

National medical groups, such as the Endocrine Society and the Pediatric Endocrine Society, recommend reversible gender-affirmation treatments to adolescents, such as puberty suppressants, when qualified persons demonstrate signs of puberty—Tanner 2 stage.

Hormone-replacement therapies may be suitable for physically mature individuals—typically those who are 16 years or older who are of sound mind to provide informed consent.

EVIDENCE FOR GENDER-AFFIRMING CARE

Gender-affirming interventions can improve mental-health outcomes for transgender youth. Those who have access to care experience improvements in mental health.[1]

Minors who experience gender dysphoria suffer from higher rates of anxiety and depression, which can lead to suicide. A survey of LGBTQ youth found that 54 percent of non-binary or transgender minors contemplated suicide within the previous 12 months and 29 percent attempted suicide.[2]

Minors who received gender-affirming care were 60-percent less likely to experience depression and were 73-percent less likely to consider suicide.[3]

EXPERT CONSENSUS

Along with the SPN, the Endocrine Society, the Pediatric Endocrine Society, the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics recognize the importance of gender-affirming care.

The Endocrine Society's practice guideline, *Gender Dysphoria/Gender Incongruence Guideline Resources*, along with its policy brief with the Pediatric Endocrine Society, *Discriminatory Policies threaten care for transgender, gender diverse individuals*, recommend safe treatments that give adolescents time to explore options with care teams.

KEY TAKEAWAYS

Criminalizing practitioners who provide gender-affirming treatments infringes upon the practitioner-patient relationship and conflicts with practitioners' obligation to provide medically necessary care to patients.

Transgender adults who did not receive puberty blocks as minors are more likely to need surgeries and other intensive medical procedures as adults.[4]

The distress that youth experience who discontinue treatments and grow up cisgender, is significantly less than what transgender youth experience if such treatments are delayed.[5]

1. Toomey, R. B., et al. Gender-affirming policies support transgender and gender diverse youth's health. Society for Research in Child Development. 2022. <https://www.srcd.org/research/gender-affirming-policies-support-transgender-and-gender-diverse-youths-health>

2. The Trevor Project. National Survey on LGBTQ Youth Mental Health.

3. Tordoff, Diana M. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA. February 2022.

4. Turban, Jack. HHS Public Access. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics. 2020 February ; 145(2): . doi:10.1542/peds.2019-1725.

5. Ashley, F. Psychology of Sexual Orientation and Gender Diversity. The clinical irrelevance of "desistance" research for transgender and gender creative youth.