

# AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth

November 8, 2019



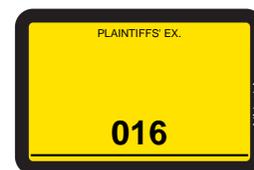
Variations in gender expression represent normal and expectable dimensions of human development. They are not considered to be pathological. Health promotion for all youth encourages open exploration of all identity issues, including sexual orientation, gender identity, and/or gender expression according to recognized practice guidelines (1, 2). Research consistently demonstrates that gender diverse youth who are supported to live and/or explore the gender role that is consistent with their gender identity have better mental health outcomes than those who are not (3, 4, 5).

State-based legislation regarding the treatment of transgender youth that directly oppose the evidence-based care recognized by professional societies across multiple disciplines is a serious concern. Many reputable professional organizations, including the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, and the Endocrine Society, which represent tens of thousands of professionals across the United States, recognize natural variations in gender identity and expression and have published clinical guidance that promotes nondiscriminatory, supportive interventions for gender diverse youth based on the current evidence base. These interventions may include, and are not limited to, social gender transition, hormone blocking agents, hormone treatment, and affirmative psychotherapeutic modalities.

The American Academy of Child and Adolescent Psychiatry (AACAP) supports the use of current evidence-based clinical care with minors. AACAP strongly opposes any efforts – legal, legislative, and otherwise – to block access to these recognized interventions. Blocking access to timely care has been shown to increase youths’ risk for suicidal ideation and other negative mental health outcomes. Consistent with AACAP’s policy against conversion therapy (2), AACAP recommends that youth and their families formulate an individualized treatment plan with their clinician that addresses the youth’s unique mental health needs under the premise that all gender identities and expressions are not inherently pathological.

1. Adelson, S. L., & the American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender non-conformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51, 957– 974.  
<http://dx.doi.org/10.1016/j.jaac.2012.07.004>.
2. American Academy of Child and Adolescent Psychiatry (AACAP) Sexual Orientation and Gender Identity Issues Committee. (2018). Conversion Therapy Policy Statement. Retrieved from: [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx).
3. Olson KR, Durwood L, DeMeules M, McLaughlin KA. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3).

4. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. (2010) Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs.*, 23(4):205–213.
5. Substance Abuse and Mental Health Services Administration, A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children. (2014). HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from: <https://store.samhsa.gov/system/files/pep14-lgbtkids.pdf>.



## TRANSGENDER HEALTH

## POSITION STATEMENT

### INTRODUCTION

Over the last few decades, there has been a rapid expansion in the understanding of gender identity along with the implications for the care of transgender and gender diverse individuals. In parallel with the greater societal awareness of transgender individuals, evidence-based practices in caring for pediatric and adult transgender patients have been developed in response to scientific research. While there continue to be gaps in knowledge about the optimal care for transgender individuals, the framework for providing care is increasingly well-established as is the recognition of needed policy changes.

### BACKGROUND

The medical consensus in the late 20th century was that transgender and gender incongruent individuals suffered a mental health disorder termed “gender identity disorder.” Gender identity was considered malleable and subject to external influences. Today, however, this attitude is no longer considered valid. Considerable scientific evidence has emerged demonstrating a durable biological element underlying gender identity.<sup>1,2</sup> Individuals may make choices due to other factors in their lives, but there do not seem to be external forces that genuinely cause individuals to change gender identity.

Although the specific mechanisms guiding the biological underpinnings of gender identity are not entirely understood, there is evolving consensus that being transgender is not a mental health disorder. Such evidence stems from scientific studies suggesting that: 1) attempts to change gender identity in intersex patients to match external genitalia or chromosomes are typically unsuccessful<sup>1,2</sup>; 2) identical twins (who share the exact same genetic background) are more likely to both experience transgender identity as compared to fraternal (non-identical) twins<sup>3</sup>; 3) among individuals with female chromosomes (XX), rates of male gender identity are higher for those exposed to higher

levels of androgens *in utero* relative to those without such exposure, and male (XY)-chromosome individuals with complete androgen insensitivity syndrome typically have female gender identity<sup>4</sup>; and 4) there are associations of certain brain scan or staining patterns with gender identity rather than external genitalia or chromosomes.<sup>1,2</sup>

### CONSIDERATIONS

Transgender individuals are often denied insurance coverage for appropriate medical and psychological treatment. Those gender diverse youth who have barriers to accessing adequate healthcare have poorer overall physical and mental health compared to their cisgender peers.<sup>5</sup> Over the last decade, there has been considerable research on and development of evidence-based standards of care that have proven to be both safe and efficacious for the treatment of gender dysphoria/gender incongruence in youth and adults. There is also a growing understanding of the positive impact that increased access to such treatments can have on the mental health of these individuals.

The Endocrine Society’s Clinical Practice Guideline on gender dysphoria/gender incongruence<sup>6</sup> provides the standard of care for supporting transgender individuals. The guideline establishes a methodical, conservative framework for gender-affirming care, including pubertal suppression, hormones and surgery and standardizes terminology to be used by healthcare professionals. These recommendations include evidence that treatment of gender dysphoria/incongruence is medically necessary and should be covered by insurance.

Despite increased awareness, many barriers to improving the health and well-being of transgender youth and adults remain. Oftentimes, medical treatment for gender dysphoria/gender incongruence is considered elective by insurance companies, which fail to provide coverage for physician-prescribed treatment. Access to appropriately trained healthcare professionals can also be challenging as there

<sup>1</sup>Saraswat A, Weinand JD, Safer JD. Evidence supporting the biologic nature of gender identity. *Endocr Pract.* Feb 2015;21(2):199-204. doi:10.4158/ep14351.ra

<sup>2</sup>Rosenthal SM. Approach to the patient: transgender youth: endocrine considerations. *J Clin Endocrinol Metab.* Dec 2014;99(12):4379-89. doi:10.1210/jc.2014-1919

<sup>3</sup>Heylens G, De Cuyper G, Zucker KJ, et al. Gender identity disorder in twins: a review of the case report literature. *J Sex Med.* Mar 2012;9(3):751-7. doi:10.1111/j.1743-6109.2011.02567.x

<sup>4</sup>Dessens AB, Slijper FM, Drop SL. Gender dysphoria and gender change in chromosomal females with congenital adrenal hyperplasia. *Arch Sex Behav.* Aug 2005;34(4):389-97. doi:10.1007/s10508-005-4338-5

<sup>5</sup>Rider GN, McMorris BJ, Gower AL, Coleman E, Eisenberg ME. Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study. *Pediatrics.* 2018;141(3):e20171683. doi:10.1542/peds.2017-1683

<sup>6</sup>Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* Nov 1 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658



is a lack of formal education on gender dysphoria/gender incongruence among clinicians trained in the United States. A 2016 survey of endocrinologists, the physicians most likely to care for these patients, found that over 80% have never received training on care of transgender patients.<sup>7</sup>

This can have an adverse impact on patient outcomes, particularly in rural and underserved areas. In fact, studies have indicated that 70% of transgender individuals have experienced maltreatment by medical providers, including harassment and violence.<sup>7</sup> Many transgender individuals have been subjected to conversion therapy, or efforts to change a transgender person's gender identity using psychological interventions; this is known to be associated with adverse mental health outcomes, including suicidality, and is banned in 20 states and the District of Columbia.<sup>8</sup>

Transgender individuals who have been denied care show an increased likelihood of dying by suicide and engaging in self-harm.<sup>7</sup> Transgender/gender incongruent youth who had access to pubertal suppression, a treatment which is fully reversible and prevents development of secondary sex characteristics not in alignment with their gender identity, have lower lifetime odds of suicidal ideation compared to those youth who desired pubertal suppression but did not have access to such treatment.<sup>9</sup> Youth who are able to access gender-affirming care, including pubertal suppression, hormones and surgery based on conservative medical guidelines and consultation from medical and mental health experts, experience significantly improved mental health outcomes over time, similar to their cis-gender peers.<sup>10-12</sup> Pre-pubertal youth who are supported and affirmed in their social transitions long before medical interventions are indicated, experience no elevation in depression compared to their cis-gender peers.<sup>12</sup> It is critical that transgender individuals have access to the appropriate treatment and care to ensure their health and well-being.

### FUTURE CONSIDERATIONS

While the data are strong for both a biological underpinning to gender identity and the relative safety of hormone treatment (when appropriately monitored medically), there are gaps in knowledge that are necessary to address in order to optimize care. Comparative effectiveness research

in hormone regimens is needed to determine: the best endocrine and surgical protocols<sup>13</sup>, as it is not yet known if certain regimens are safer or more effective than others; the degree of improvement as a result of the intervention (e.g. decrease in mental health diagnoses); the need for training of health care providers and the most effective training methods; and to build the body of evidence pertaining to cardiovascular, malignancy, or other long-term risks from hormone interventions, particularly as the transgender individual ages. Additional studies are needed to elucidate the biological processes underlying gender identity; such studies may lead to destigmatization and may also decrease health disparities for gender minorities. In addition, further studies are needed to determine strategies for fertility preservation and to investigate long-term outcomes of early medical intervention, including pubertal suppression, gender-affirming hormones and gender-affirming surgeries for transgender/gender incongruent youth. To successfully establish and enact these protocols requires long-term, large-scale studies across countries that employ similar care protocols.

### POSITIONS

- There is a durable biological underpinning to gender identity that should be considered in policy determinations.
- Medical intervention for transgender youth and adults (including puberty suppression, hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored), and has been established as the standard of care.<sup>6</sup> Federal and private insurers should cover such interventions as prescribed by a physician as well as the appropriate medical screenings that are recommended for all body tissues that a person may have.
- Increased funding for national pediatric and adult transgender health research programs is needed to close the gaps in knowledge regarding transgender medical care and should be made a priority.

<sup>7</sup>Davidge-Pitts C, Nippoldt TB, Danoff A, Radziejewski L, Natt N. Transgender Health in Endocrinology: Current Status of Endocrinology Fellowship Programs and Practicing Clinicians. *J Clin Endocrinol Metab.* Apr 1 2017;102(4):1286-1290. doi:10.1210/jc.2016-3007

<sup>8</sup>Turban JL, Beckwith N, Reinsner SL, Keuroghlian AS. Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry.* Sep 11 2019;77(1):1-9. doi:10.1001/jamapsychiatry.2019.2285

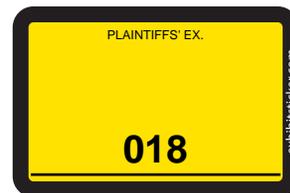
<sup>9</sup>Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics.* Feb 2020;145(2)doi:10.1542/peds.2019-1725

<sup>10</sup>de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics.* Oct 2014;134(4):696-704. doi:10.1542/peds.2013-2958

<sup>11</sup>Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics.* Apr 2020;145(4)doi:10.1542/peds.2019-3006

<sup>12</sup>Achille C, Taggart T, Eaton NR, et al. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *Int J Pediatr Endocrinol.* 2020;2020:8. doi:10.1186/s13633-020-00078-2

<sup>13</sup>Safer JD, Tangpricha V. Care of the Transgender Patient. *Ann Intern Med.* Jul 2 2019;171(1):itc1-itc16. doi:10.7326/aitc201907020



## **USPATH Position Statement on Legislative and Executive Actions Regarding the Medical Care of Transgender Youth**

The US Professional Association for Transgender Health (USPATH) believes that decision making regarding the use of hormone therapy or puberty blocking medicine in transgender adolescents should involve physicians, psychologists, and other health personnel, parents or guardians, adolescents, and other community stakeholders identified on a case-by-case basis. Decision making should be informed by current guidelines from the World Professional Association for Transgender Health (WPATH), and the Endocrine Society. This standard of care has been endorsed by the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, the American Academy of Child & Adolescent Psychiatry, and the US Department of Health and Human Services Office of Population Affairs.

USPATH opposes recent efforts in several states to restrict parental rights and direct the practice of medicine through legislative or executive action. These efforts lack scientific merit, and in some cases misinterpret or distort available data, or otherwise lend credence to individual opinions in the literature that are at odds with the overwhelming majority of experts and publications in this field. Specifically, the justification included in recent Florida Department of Health guidelines claiming that such treatment confers an “unacceptably high risk of doing harm” has numerous such misinterpretations and distortions. As such, USPATH wishes to make several clarifying statements regarding this matter. [These statements build on a prior joint USPATH/WPATH statement regarding executive action in Texas on this matter.](#)

1. A claim is made that [Ristori & Steensma \(2016\)](#) demonstrated 80% of children seeking clinical care will “lose their desire” to transition. This paper, which was not a research study but a review of numerous other studies, did not look at medical care. It looked at studies of pre-pubertal children presenting with gender dysphoria at younger ages, when hormones would not be prescribed. Any such children who cease to experience dysphoria and revert to identifying with their birth assigned sex at the time of puberty would not be a candidate for hormone therapy or pubertal blockade. So in effect, this review suggests at most that the current guidelines, which require persistence of gender dysphoria upon reaching puberty Tanner stage 2 prior to initiation of any medical treatment, are appropriate. This same paper stated that with regards to social transition prior to puberty, it was clear that reparative therapy or other efforts encourage identification with or behavior consistent with the birth assigned sex were unethical.

2. A reference is made to [Chew et al \(2018\)](#), also a review article, which the Florida statement claims concluded that “hormonal treatments for transgender adolescents can achieve their intended physical effects, but evidence regarding their psychosocial and cognitive impact is generally lacking”. However, the paper also states in the final paragraph of the discussion, “Notwithstanding these limitations, collectively, the studies reviewed provide qualified support for the use of [puberty blocking medications], [gender affirming hormones], cyproterone acetate and, to a lesser extent, lynestrenol in transgender youth. Overall, these hormonal treatments appear to provide some therapeutic benefits in terms of physical effects and are generally well-tolerated on the basis of current evidence.” The Chew et al paper included studies only through 2017 and does not include 2 subsequent published studies with more solid evidence. [Turban et al \(2020\)](#) found 70% lower odds of suicidality in trans youth treated with hormones vs those who did not receive this treatment, and [Achille et al \(2020\)](#), which found significant improvements in a range of mental health and quality of life measures among those trans youth prescribed hormone therapy or puberty blockers.
3. It is important to clarify that a statement of “low quality evidence” means neither “poor quality research” nor “evidence of harm”. Instead, this term typically means that larger, prospective randomized trials are lacking. Randomized and blinded trials of gender affirming hormones would neither be feasible nor ethical. There are many areas of medicine where commonly prescribed treatment recommendations are made based on “low quality” evidence due to similar practical limitations, for example the use of antidepressants during [pregnancy](#).
4. The statement “Based on the currently available evidence, "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablement, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an unacceptably high risk of doing harm" is not an original statement from the Florida DOH. Instead, it is a direct quote from the linked resource, which is not a research paper, but an opinion piece published by a single author who is a private practice psychotherapist with no published background in research in this area, and who in the same document advocates for reparative treatment [modalities](#).
5. The Florida DOH statement provided links to documents from four European countries (Sweden, Finland, The United Kingdom, and France), which are presented as supporting evidence for Florida’s position. However, the referenced Finnish, British, and French links and policies still permit hormone therapy and puberty blockade after appropriate assessment, and in appropriate care centers. The Swedish policy falls victim to the same misinterpretations and distortions as does the Florida guideline. The Florida guideline also presents a Centers for Medicare and Medicaid Services (CMS) document as evidence of US Federal policy regarding such treatment. In fact, this document pertains only to payments for these treatments under Medicare. It is neither a clinical practice guideline nor a position statement.

6. Arkansas Act 626, which makes the prescribing of hormones or puberty blockers to transgender youth a felony, was vetoed by the sitting governor, overridden by the legislature, and currently is under a stay by the courts. The bill wording provides no citations to support claims made about medical and psychological risks and harms.

Fortunately, there are state governments which have examined this issue and have come to a more scientifically grounded conclusion. Specifically, we applaud the Idaho State Senate Majority Caucus, who, when recently presented with proposed legislation from the Idaho State House of Representatives (HB675) which would outlaw all hormone therapy and puberty blockade for transgender minors, declined to act and issued a [statement](#) that such a law would interfere with parental rights and decision making that should be based on discussions between physicians, parents, and children, and would be out of step with the recommendations of the Idaho Medical Association.

We encourage other state legislative and executive bodies and agencies to follow Idaho's lead on this matter and defer setting policy and practice guidelines to clinicians, scientists, and researchers in this field.

##



# Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care

April 02, 2021



**Washington, D.C. (April 2, 2021)** – Several state legislatures across the country have recently introduced or are deliberating bills that would restrict delivery of gender-affirming care for gender-diverse patients, specifically for children and adolescents.

Our organizations, which represent nearly 600,000 physicians and medical students, oppose any laws and regulations that discriminate against transgender and gender-diverse individuals or interfere in the confidential relationship between a patient and their physician. That confidentiality is critical to allow patients to trust physicians to properly counsel, diagnose and treat.

Our organizations are strongly opposed to any legislation or regulation that would interfere with the provision of evidence-based patient care for any patient, affirming our commitment to patient safety. We recognize health as a basic human right for every person, regardless of gender identity or sexual orientation. For gender-diverse individuals, including children and adolescents, this means access to gender-affirming care that is part of comprehensive primary care.

Further, we strongly oppose any effort to criminalize or penalize physicians for providing necessary care for their patients. Physicians must be able to practice medicine that is informed by their years of medical education, training, experience, and the available evidence, freely and without threat of punishment. Patients and their physicians, not policymakers, should be the ones to make decisions together about what care is best for them.

## American Psychiatric Association

The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with more than 37,400 physician members specializing in the diagnosis, treatment, prevention and research of mental

illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit [www.psychiatry.org](http://www.psychiatry.org).

## **About the American Academy of Family Physicians**

Founded in 1947, the AAFP represents 136,700 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits – that's 192 million visits annually or 48 percent more than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit [www.aafp.org/media](http://www.aafp.org/media)". For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, <http://www.familydoctor.org/>.

## **About the American Academy of Pediatrics**

The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit [www.aap.org](http://www.aap.org) and follow us on Twitter @AmerAcadPeds.

## **About the American College of Physicians**

The American College of Physicians is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 163,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Follow ACP on Twitter, Facebook, and Instagram.

## **About the American College of Obstetricians and Gynecologists**

The American College of Obstetricians and Gynecologists (ACOG) is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of 60,000 members, ACOG strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. [www.acog.org](http://www.acog.org).

## **About the American Osteopathic Association**

The American Osteopathic Association (AOA) represents more than 151,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; and is the accrediting agency for osteopathic medical schools. To learn more about DOs and the osteopathic philosophy of medicine, visit [www.osteopathic.org](http://www.osteopathic.org).

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Medical leadership for mind, brain and body.



## March 26, 2021: State Advocacy Update



### AMA fights to protect health care for transgender patients

As physicians and leaders in medicine, the AMA is steadfast in its belief that every individual is entitled to high quality evidence-based medical care regardless of gender or sexual orientation and will continue to work diligently to expand access to medical services, reduce stigma for LGBTQ patients and break down discriminatory barriers.

This year, the threat to transgender patients is especially pronounced. More states have filed bills in 2021 that discriminate and harm transgender patients than any year before. These bills drive discrimination, reinforce stigma and erect barriers to care. The AMA's state Advocacy Resource Center remains actively engaged in defeating legislation that would harm transgender patients.

#### Criminalizing health care for transgender minors

Among the concerning legislation are bills that would criminalize the provision of medically necessary gender transition-related care to minor patients and, in some states, deem such care child abuse. These bills target surgical interventions as well as medications and hormone therapies that delay puberty while the child explores their gender identity.

Legislation of this kind was introduced in 16 states this year. To date, most have been defeated. However, work remains in a few key states, particularly in Alabama (S.B. 10) and Montana (H.B. 427) where bills have passed one chamber and are expected to be brought for a vote in the second chamber.

The AMA views these bills as a dangerous legislative intrusion into the practice of medicine and has been working closely with state medical associations to vigorously oppose them. In letters to legislators (PDF), the AMA has emphasized that it is "imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician."

Proponents of these disturbing bills often falsely assert that transgender care for minors is extreme or experimental. In fact, clinical guidelines established by professional medical organizations for the care of minors promote supportive interventions based on the current evidence and that enable young



people to explore and live as the gender that they choose. Every major medical association in the United States, including the AMA, recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people.

Unfortunately, if enacted, legislation of this kind could have tragic consequences. Transgender individuals are up to three times more likely than the general population to report or be diagnosed with mental health disorders, with as many as 41.5% reporting at least one diagnosis of a mental health or substance use disorder. Transgender minors also face a significantly heightened risk of suicide. But research has demonstrated that improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health and supports healthy relationships with parents and peers. Studies also demonstrate dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety.

## **Excluding transgender youth from athletics**

Another concerning trend are bills that would prohibit transgender women and girls from participating in school athletics consistent with their gender identity. In some states, a health care provider would need to verify a student's sex.

Legislation has been introduced in more than half of all states this year. Though most have not advanced, some states are moving bills forward. Notably, Mississippi recently became the first state this year to enact such a prohibition into law. Legislation is soon expected to be signed in North Dakota and Tennessee as well.

In 2020, Idaho became the first ever state to enact a ban on transgender minors' participation in youth athletics. The law was challenged and blocked by a federal court in August 2020. The AMA, along with the American Academy of Pediatrics and other health care organizations, submitted a friend-of-the-court brief (PDF) with the Ninth Circuit Court of Appeals noting that the law undermines the accepted approach for treating gender dysphoria.

As the AMA's brief stated, barring transgender females from participating in school-sponsored organized sports consistent with their gender identity frustrates the treatment of gender dysphoria by preventing transgender females from living openly in accordance with their true gender. This lack of treatment, in turn, increases the rate of negative mental health outcomes, substance abuse and suicide. In order for transgender females to live their lives fully in accordance with their gender identity, they must be able to publicly identify and compete as female athletes.

The AMA continues to work with state medical associations to oppose legislation that would compound the stigma and discrimination that transgender individuals face.



## More articles in this issue

- March 26, 2021: Advocacy Update spotlight on progress made to extend sequester moratorium
- March 26, 2021: National Advocacy Update
- March 26, 2021: Advocacy Update other news

## APA Official Actions

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## Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth

Approved by the Board of Trustees, July 2020

Approved by the Assembly, April 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

**Issue:**

Transgender and gender non-conforming youth often experience an intensification of emotional distress when the physical changes of puberty occur in opposition to the adolescent’s gender identity and sense of self. The onset of menses, for example, is unwanted and psychologically devastating for an adolescent transman (assigned female at birth). Worsening dysphoria may manifest as depression, anxiety, poor relationships with family and peers, self-harm and suicide. Racism, misogyny, economic disadvantage and neurodiversity can compound the risk of negative outcomes. Due to the dynamic nature of puberty development, lack of gender-affirming interventions (i.e. social, psychological, and medical) is not a neutral decision; youth often experience worsening dysphoria and negative impact on mental health as the incongruent and unwanted puberty progresses. Trans-affirming treatment, such as the use of puberty suppression, is associated with the relief of emotional distress, and notable gains in psychosocial and emotional development, in trans and gender diverse youth.

Gender-affirming treatment of trans and gender diverse youth who experience gender dysphoria due to the physical changes of puberty, may include suppression of puberty development with GnRH (gonadotropin releasing hormone) agonists, commonly referred to as “puberty blockers.” Use of GnRH agonists, despite potential side effects (e.g., hot flashes, depression) can allow the adolescent a period of time, often several years, in which to further explore their gender identity and benefit from additional cognitive and emotional development. During this time, the youth and family can receive mental health and social support services, if needed, to navigate the gender affirmation process including the consideration of whether gender affirming hormone therapy is an appropriate next step. If during this discernment period further adolescent development leads to increased comfort with the birth-assigned gender, the GnRH agonist can be discontinued, and puberty allowed to resume. If the developmental trajectory affirms the trans identity, treatment with estrogen or testosterone can be instituted to facilitate development of affirmed secondary sex characteristics, if desired. Gender-affirming surgeries may follow in later adolescence or young adulthood. However, affirmation of gender identity is a highly individualized process. For gender diverse youth and their families, decisions to which gender-affirming medical, surgical, social, and/or legal procedures to pursue are best managed via an informed consent approach.

**APA Position:****The American Psychiatric Association:**

- 1. Supports access to affirming and supportive treatment for trans and gender diverse youth and their families, including appropriate mental health services, and when indicated puberty suppression and medical transition support.**
- 2. Opposes all legislative and other governmental attempts to limit access to these services for trans and gender diverse youth, or to sanction or criminalize the actions of physicians and other clinicians who provide them.**

Home > News > News Room > Discriminatory policies threaten care for transgender, gender diverse individuals

PRESS RELEASE

# Discriminatory policies threaten care for transgender, gender diverse individuals

Washington, DC December 16, 2020

Endocrine experts unite to call for evidence-based policies governing transgender and gender diverse health care

The Endocrine Society and the Pediatric Endocrine Society oppose legislative efforts to block transgender and gender diverse individuals from accessing gender-affirming medical and surgical care, the two medical societies said in a joint policy perspective published in *The Journal of Clinical Endocrinology & Metabolism*.

In the past three years, legislators in 17 states have proposed more than two dozen bills barring medical and surgical treatments for transgender and gender diverse youth and adults. Many of these bills reflect widespread misinformation about the nature of evidence-based gender-affirming medical care.



“For young children experiencing feelings that their gender does not match the one assigned at birth, known as gender dysphoria, an initial intervention is likely to be a new haircut or clothing,” said the manuscript’s first author and Co-Chair of the Pediatric Endocrine Society’s Transgender Special Interest Group Advocacy Subcommittee, Abby Walch, M.D., of the University of California San Francisco and Benioff Children’s Hospitals in San Francisco, Calif. “The first course of action is to support the child in living as their affirmed gender identity and to provide mental health support as needed.”

After transgender and gender diverse minors start puberty, prescribing hormones to suppress puberty is the recommended strategy if desired and if diagnostic and treatment criteria are met. This treatment, which is completely reversible, gives adolescents more time to explore their options.

Only reversible treatments are recommended for adolescents until they demonstrate the ability to provide informed consent and experience sustained feelings of gender dysphoria. Even then, gender-affirming hormone therapy to help individuals experience puberty in a way that matches their gender identity is partially reversible.

Three **High Court judges in the United Kingdom** ruled Dec. 1 that minors under the age of 16 likely could not give informed consent for pubertal suppression. Though it is likely to be challenged, this decision is a problematic development that could prevent transgender and gender diverse minors from obtaining the medical care they need.

“Considering 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,” said senior author and Co-Chair of the Endocrine Society’s

Transgender Research and Medicine Special Interest Group, Sean J. Iwamoto, M.D., of the University of Colorado School of Medicine and Rocky Mountain Regional VA Medical Center, both in Aurora, Colo. “Barring gender-affirming medical and surgical care for transgender and gender diverse individuals would force many to go through distressing and even traumatic experiences in life related to misgendering. No bill should criminalize physicians who provide the standard of care for this vulnerable population.”

The course of gender-affirming treatment should be determined by patients and their health care providers, not by policymakers. Experts should be consulted regarding any policies governing treatment for transgender and gender diverse individuals, the authors wrote.

The Endocrine Society has updated its **transgender position statement** to incorporate additional information about the importance of care for minors. Read the pediatric transgender **health fact sheet**.

Other authors of the policy perspective include: Caroline Davidge-Pitts, M.B., B.Ch., of the Mayo Clinic in Rochester, Minn.; Joshua D. Safer, M.D., F.A.C.P. of Mount Sinai Center for Transgender Medicine and Surgery and Icahn School of Medicine at Mount Sinai in New York, N.Y.; Ximena Lopez, M.D., of University of Texas Southwestern Medical Center in Dallas, Texas.; and Vin Tangpricha, M.D., Ph.D., of Emory University School of Medicine in Atlanta, Ga., and of the Atlanta VA Medical Center in Decatur, Ga.

The manuscript, ***“Proper Care of Transgender and Gender Diverse Persons in the Setting of Proposed Discrimination: A Policy Perspective,”*** was published online, ahead of print.

###

Endocrinologists are at the core of solving the most pressing health problems of our time, from diabetes and obesity to infertility, bone health, and hormone-related cancers. The Endocrine Society is the world's oldest and largest organization of scientists devoted to hormone research and physicians who care for people with hormone-related conditions.

The Society has more than 18,000 members, including scientists, physicians, educators, nurses and students in 122 countries. To learn more about the Society and the field of endocrinology, visit our site at [www.endocrine.org](http://www.endocrine.org). Follow us on Twitter at [@TheEndoSociety](https://twitter.com/TheEndoSociety) and [@EndoMedia](https://twitter.com/EndoMedia).

### **About the Pediatric Endocrine Society**

The Pediatric Endocrine Society has over 1,400 members representing the various disciplines of pediatric endocrinology. The mission of the Pediatric Endocrine Society is to advance and promote the endocrine health and well-being of children and adolescents. Its vision is to be the professional home and voice of pediatric endocrinology in North America, and it aims to support and foster research, improve patient care through teaching, discovery and dissemination of knowledge, provide opportunities for professional growth, leadership and practice development, advocate for the needs of its members, patients and their families, and expand its impact and value through strategic partnerships.

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Topics

Year

PRESS RELEASE

## Thyroid hormone replacement undertreatment linked to worse hospital outcomes

April 26, 2022

Undertreatment with thyroid hormone replacement can put patients with hypothyroidism at risk for worse hospital outcomes, including longer length of stay and higher rates of readmission, according to a new study published in the Endocrine Society's Journal of Clinical Endocrinology and Metabolism.

PRESS RELEASE

## People with diabetes and cognitive decline may be at higher risk for heart disease

April 21, 2022

People with type 2 diabetes who have cognitive impairment could be at greater risk for stroke, heart attack or death than other individuals with diabetes, according to a new study published in the Endocrine Society's Journal of Clinical Endocrinology and Metabolism.

PRESS RELEASE

## Endocrine Society opposes Florida Department of Health policy on gender dysphoria treatment for children and adolescents

April 20, 2022

The Endocrine Society objects to the Florida Department of Health's bulletin on gender-affirming care for transgender and gender-diverse youth. The bulletin contradicts the U.S. Department of Health &

Human Services' resources and the Society's own evidence-based Clinical Practice Guideline regarding gender-affirming care.

PRESS RELEASE

## **Black people with diabetes disproportionately affected by diabetic ketoacidosis during COVID**

April 05, 2022

Black people with diabetes were more likely to develop cases of a life-threatening complication called diabetic ketoacidosis during the pandemic, even in people without COVID-19, according to a new study from the T1D Exchange published in the Endocrine Society's Journal of Clinical Endocrinology and Metabolism.

PRESS RELEASE

## **Babies exposed to cannabis in the womb may be at risk for obesity, high blood sugar**

March 31, 2022

Cannabis use among pregnant women is on the rise and may be associated with negative health outcomes in children, according to a new study published in the Endocrine Society's Journal of Clinical Endocrinology and Metabolism.

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# TRANSGENDER HEALTH: SUPPORTING GENDER DIVERSE YOUTH TO IMPROVE THEIR HEALTH, WELL-BEING, AND SAFETY



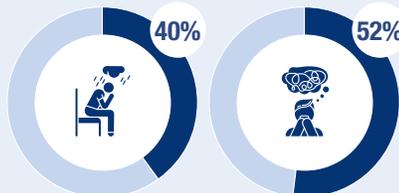
## SIX RECOMMENDATIONS TO IMPROVE PEDIATRIC TRANSGENDER HEALTH CARE

- 1 Support for gender diverse youth in their gender identity can improve mental health outcomes and should be included in policy determinations.
- 2 Treatment for prepubertal transgender and gender diverse children never includes medical or surgical interventions however it is helpful for them to be supported in living in their desired gender role.
- 3 When puberty begins, gender affirming medical treatment with puberty blockade followed in late adolescence by hormone therapy, is standard of care. Per Endocrine Society guidelines, such treatment is undertaken in a conservative and family-centered process with appropriate medical and mental health supervision.
- 4 Medical and mental health professionals should feel comfortable providing gender affirming care to their transgender and gender diverse patients as should be the case for any medical or mental health condition.
- 5 The medical treatment of gender dysphoria/gender incongruence is safe and effective, is medically necessary, and should be covered by health insurance.
- 6 Conversion or reparative therapy is a dangerous, discredited practice that falsely claims to change a person's gender identity. It is harmful and unethical.

## KEY STATISTICS



62.1% OF GENDER DIVERSE YOUTH REPORTED THEIR OVERALL GENERAL HEALTH AS LESS THAN VERY GOOD.



40% OF TRANSGENDER ADOLESCENTS GREATER THAN 15 YEARS OLD HAVE SELF-HARMED, AND 52% HAVE CONSIDERED SUICIDE.



OF YOUTH WHO DESIRED PUBERTY SUPPRESSION, THOSE WHO RECEIVED IT WERE 70% LESS LIKELY TO HAVE SUICIDAL IDEATION COMPARED TO YOUTH WHO DID NOT RECEIVE TREATMENT.

1 IN 5 TRANSGENDER ADULTS REPORTS HAVING BEEN EXPOSED TO CONVERSION OR REPARATIVE THERAPY IN THEIR LIFETIME.

PREPUBERTAL CHILDREN WHO ARE SUPPORTED IN THEIR GENDER IDENTITY SHOW NO INCREASE IN DEPRESSION COMPARED TO CIS-GENDER PEERS.

PARENTAL SUPPORT LED TO A 93% REDUCTION IN SUICIDE ATTEMPTS BY TRANSGENDER ADOLESCENTS AND YOUNG ADULTS.

PUBERTY BLOCKADE AND HORMONE THERAPY IMPROVES MENTAL HEALTH OUTCOMES OF TRANSGENDER ADOLESCENTS.

Reference: Rider et al. *Pediatrics*, 2018; Sorbara et al. *Pediatrics*, 2020; Turban et al. *Pediatrics*, 2020; Turban et al. *JAMA Psychiatry*, 2019; Olson et al. *Pediatrics*, 2016; De Vries et.al. *Pediatrics*, 2014; Kuper et.al. *Pediatrics* 2020

LEARN MORE AT [ENDOCRINE.ORG/TRANSGENDERADVOCACY](https://endocrine.org/transgenderadvocacy)

# WHAT YOU NEED TO KNOW

## TRANSGENDER GLOSSARY OF TERMS

**GENDER IDENTITY:** One's internal, deeply held sense of gender. For transgender people, their gender identity does not match their sex designated at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression (see below), gender identity is not visible to others.

**GENDER EXPRESSION:** External manifestations of gender, expressed through one's name, pronouns, clothing, haircut, behavior, voice, or body characteristics. Typically, transgender people seek to make their gender expression affirm their gender identity.

**GENDER ROLE:** Behaviors, attitudes, and personality traits that a society (in a given culture and historical period) designates as masculine or feminine and/ or that society associates with or considers typical of the social role of men or women.

**GENDER OF REARING:** Since one cannot designate or record an "identity" at birth, the term "gender designated at birth" in fact refers to a "gender of rearing". "Gender of rearing" (i.e. the decision to raise a child as female or male) is typically based on the sex designated at birth.

**TRANSGENDER:** Umbrella term for people whose gender identity and/ or gender expression differs from what is typically associated with their sex designated at birth. Not all transgender individuals seek treatment.

**TRANSGENDER MALE (ALSO TRANS MAN, FEMALE-TO-MALE):** Individuals designated female at birth but who identify and live as men.

**TRANSGENDER FEMALE (ALSO TRANS WOMAN, MALE-TO-FEMALE):** Individuals designated male at birth but who identify and live as women.

**NON-BINARY:** Umbrella term for people whose gender identity does not fit within a binary gender classification as male or female.

**SEX DESIGNATED AT BIRTH:** Sex of the newborn, usually based on gonadal and genital anatomy as well as consideration of chromosomes.

**GENDER DYSPHORIA:** The distress and unease experienced if the gender identity and sex designated at birth are not completely congruent.

**GENDER INCONGRUENCE:** Umbrella term used when the gender identity differs from what is typically expected with the sex designated at birth. Gender markers may appear on birth certificates, but this refers to "Gender of Rearing" (see above), since one can't assign an "identity". Gender incongruence is also the proposed name of the gender identity-related diagnoses in the planned revisions to the diagnostic code manual, ICD-11. Not all individuals with gender incongruence seek treatment or have gender dysphoria.

**SEXUAL ORIENTATION:** An individual's enduring physical and emotional attraction to another person. Gender identity and sexual orientation are not the same.

**CISGENDER:** Individual whose designated sex at birth and gender identity are in alignment. An alternative way to describe individuals who are not transgender is "non-transgender people."

**PUBERTY BLOCKADE:** A reversible pause to puberty. It is often a first step in treatment to allow the adolescent to explore their gender identity and/ or to provide relief from distress (gender dysphoria) of a puberty that is incongruent with one's gender identity. A person's (pre-programmed) puberty will resume if puberty suppression treatment is stopped and the adolescent does not pursue gender-affirming hormone treatment.

**GENDER-AFFIRMING HORMONE TREATMENT:** A partially irreversible treatment with estrogen or testosterone, given to align one's physical characteristics with one's gender identity. This is given in late adolescence and can relieve gender dysphoria and improve mental health.



## **Statement in Response to Proposed Legislation Denying Evidence-Based Care for Transgender People Under 18 Years of Age and to Penalize Professionals who Provide that Medical Care**

The World Professional Association for Transgender Health (WPATH) and its US chapter, the United States Professional Association for Transgender Health (USPATH), vehemently oppose the legislation being proposed in Florida (HB 1365), South Carolina (HB 4716), South Dakota (HB 1057), Colorado (HB 20-1114), and similar legislation in other states. These bills seek to deny evidence-based care for transgender people under 18 years of age and to penalize professionals who provide that medical care. These bills will punish practitioners of gender affirming care with revocation of their medical license, or up to 15 years in prison in some states. These bills will treat health care providers as if they committed manslaughter or arson.

Many of the procedures mentioned by these bills are not even offered to transgender youth, revealing these bills to be alarmist expressions of ill-informed opinion. Guidance for the provision of medical care for transgender youth is outlined within the 7<sup>th</sup> edition of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender-Nonconforming People created by the World Professional Association for Transgender Health (Coleman et al. 2012). The guidelines differentiate between children and adolescents with regard to the provision of care.

Under the SOC, children do not receive any of the medical care identified within these bills, but mental health and social supports are provided to them along with their families. Surgeries on genitals and reproductive systems are considered for people who are typically over 18 years of age (depending on the age of consent and other relevant factors in the pertinent jurisdiction) and have been living in their affirmed gender for at least 12 months. Medical treatments that might be recommend for certain adolescents include puberty-blocking medication and – in carefully selected cases – hormone replacement therapies and surgery, most often non-genital. These treatments are not offered without conscientious medical attention and informed clinical evaluation.

Puberty suppression has been found to be very beneficial for transgender adolescents, and it is reversible (Mahfouda et al. 2017; Olson-Kennedy et al. 2018; Hodax et al. 2019; Salas-Humara et al. 2019). Further, a recently published study has concluded that transgender adults who had access to pubertal blockers had a lower risk of suicidal ideation compared to those transgender adults who did not have access to pubertal blockers (Turban et al. 2020).



We are disturbed by these attempts to legislate medical treatment without expert guidance from the relevant national medical organizations or even testimony from experienced, qualified local or regional providers and patients for whom these treatments have been beneficial, if not lifesaving. Given the climate in which these bills are presented, however, we can imagine that few young patients or their parents would be willing to present themselves for the scrutiny of potentially hostile legislators and the activists who are promoting these damaging bills.

All medical treatment is a crucial and very personal service that virtually everyone depends upon at some point in their lives, and it should not be delivered or restricted according to the whims of distant lawmakers who know little or nothing about the circumstances of an individual's life. Proper medical care for any condition is a matter best negotiated between patients and their trained and qualified medical providers who are relying on clinical evidence and experience.

These bills attempt to criminalize treatments or at best restrict medical professionals from helping their patients and their families. Since transgender children, adolescents, or adults cannot be legislated out of existence, these bills seem to be a misguided attempt to prevent transgender people from coming forward for services they need in order to live healthy lives.

We urge you to reject these harmful bills and assure your transgender constituents and their families that their health and well-being is just as important as your own.

[Click here for an additional WPATH Statement in Response to Calls for Banning Evidence-Based Supportive Health Interventions for Transgender and Gender-Diverse Youth.](#)

#### References

Coleman E, Bockting W, Botzer M, et al (2012) Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism* 13:165–232

Hodax JK, Wagner J, Sackett-Taylor AC, et al (2019) Medical options for care of gender diverse and Transgender youth. *J Pediatr Adolesc Gynecol* S1083-3188(19)30206–2.  
<https://doi.org/10.1016/j.jpag.2019.05.010>

Mahfouda S, Moore JK, Siafarikas A, et al (2017) Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol* 5:816–826. [https://doi.org/10.1016/S2213-8587\(17\)30099-2](https://doi.org/10.1016/S2213-8587(17)30099-2)

Olson-Kennedy J, Okonta V, Clark LF, Belzer M (2018) Physiologic Response to Gender-Affirming Hormones Among Transgender Youth. *J Adolesc Health* 62:397–401.



<https://doi.org/10.1016/j.jadohealth.2017.08.005>

Salas-Humara C, Sequeira GM, Rossi W, Dhar CP (2019) Gender affirming medical care of transgender youth. *Curr Probl Pediatr Adolesc Health Care* 49:100683.  
<https://doi.org/10.1016/j.cppeds.2019.100683>

Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. 2020 Jan 23. pii: e20191725

Yadegarfar M, Meinhold-Bergmann ME, Ho R (2014) Family rejection, social isolation, and loneliness as predictors of negative health outcomes (depression, suicidal ideation, and sexual risk behavior) among Thai male-to-female transgender adolescents. *J LGBT Youth* 11:347–363

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## Statement in Response to Calls for Banning Evidence-Based Supportive Health Interventions for Transgender and Gender-Diverse Youth

Diversity in gender expression and variations in gender identity represent normative developmental processes for children and adolescents and are not inherently pathological aspects of the human experience. They are also not uniformly indicative of a future gender transition. These facts are substantiated by many reputable professional associations representing thousands of pediatric providers. Clinical guidelines for youth experiencing an incongruence between their gender identity and sex assigned at birth have been published, are widely used nationally, and are based on the current evidence. These guidelines support the use of interventions for appropriately assessed minors. The following organizations have pediatric clinical guidelines and/or policy statements on these issues: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society. In response to recent critiques of supportive health interventions for transgender and gender-diverse youth, the boards of directors of the World Professional Association for Transgender Health (WPATH), its US chapter (USPATH) and its Europe chapter (EPATH) have authorized the following statement.

The process of pursuing a gender transition is highly individualized based on the youth's situation, family concerns, and various other factors. Thus, there is no "one-size-fits-all" clinical intervention. However, in general, mental health and medical professionals conduct evaluations of each youth/family to ensure that interventions used to promote emotional and psychological wellness in these youth are appropriate and meet the young person's specific mental health and medical needs. As a result, professionals with experience and training to understand adolescent development and family dynamics are poised to understand the underlying factors behind a specific clinical presentation. Professionals who are experienced working with youth and families can distinguish parents who may be cautious and concerned from parents who might be pushing for medical changes when their child is not ready for them. The best interests of the child are always paramount for any responsible licensed provider.

Some critics have claimed high rates of regret regarding irreversible treatments or procedures such as reconstructive surgeries, implying that children are forced to undergo treatments they may regret. There are no studies to support these claims. However, recent studies show only a very small percentage of people who undergo gender transition as adults (when irreversible procedures may be administered) regret doing so: roughly 1-3%, which is a small number



compared with rates of regret reported for much more common procedures. Most people who have regrets do so because of a lack of support or acceptance from their family, social groups, work, or other organizations. Conversely, the benefits that these medically necessary interventions have for the overwhelming majority of youth whose identities are incongruent with their sex assigned at birth are well-documented. Providers who collaboratively assess youths' understanding of themselves, their gender identity, and their ability to make informed decisions regarding medical/surgical interventions (which are not offered prior to puberty, and never without the youth's assent) play a very important role in minimizing future regret.

Some critics have called 'gender care' "child abuse"; providing care for a transgender child or adolescent is a serious undertaking which respects the best interests of each individual child. Withdrawing care for all transgender youth or adults or threatening to criminalize conscientious healthcare providers who work with transgender patients or clients using evidence-based care is a clear abuse of administrative and legislative power. Legislation that opposes needed treatment is of grave concern as it sustains harmful misconceptions about transgender youth and adults, as well as gender transition processes in general, and also devalues medical protocols, thus driving more people to seek services from providers who are willing to ignore the validated protocols that encourage responsible care.

For more information about clinical support for gender-affirming care, see the following links:

From the American Academy of Child and Adolescent Psychiatry:

[https://www.aacap.org/AACAP/Latest\\_News/AACAP\\_Statement\\_Responding\\_to\\_Efforts-to\\_ban\\_Evidence-Based\\_Care\\_for\\_Transgender\\_and\\_Gender\\_Diverse.aspx](https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx)

[https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx)

[https://www.aacap.org/AACAP/Policy\\_Statements/2009/Sexual\\_Orientation\\_Gender\\_Identity\\_and\\_Civil\\_Rights.aspx](https://www.aacap.org/AACAP/Policy_Statements/2009/Sexual_Orientation_Gender_Identity_and_Civil_Rights.aspx)

[https://www.jaacap.org/article/S0890-8567\(12\)00500-X/fulltext](https://www.jaacap.org/article/S0890-8567(12)00500-X/fulltext)

From the Endocrine Society:

<https://www.newswise.com/articles/endocrine-society-urges-policymakers-to-follow-science-on-transgender-health>



And from the American Academy of Pediatrics:

<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Policy-Statement-Urges-Support-and-Care-of-Transgender-and-Gender-Diverse-Children-and-Adolescents.aspx>

<https://pediatrics.aappublications.org/content/142/4/e20182162>

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## NAPNAP Strongly Opposes Alabama Law Criminalizing Transgender Health Care

The National Association of Pediatric Nurse Practitioners (NAPNAP) strongly opposes Alabama's newly passed law that prohibits health care providers in the state from providing gender-affirming health care to transgender youth under the age of 19 with a penalty of up to 10 years in prison and a felony record. Criminalizing evidence-based gender-affirming care detailed in the peer-reviewed Clinical Practice Guideline for Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons and supported by leading organizations including NAPNAP, the American Academy of Pediatrics, the Endocrine Society and the American Psychological Association severely jeopardizes the physical and mental wellbeing of the Alabama's transgender youth.

"According to the [National Survey on LGBTQ Youth Mental Health 2021](#), more than half of transgender or nonbinary youth seriously considered suicide in the prior year," said NAPNAP President Dr. Andrea Kline-Tilford. "Laws barring health care experts from providing gender-affirming health care will increase negative mental health outcomes and health inequity for this marginalized and vulnerable youth population."

In its position statement [Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](#), NAPNAP opposes all forms of discrimination against individuals based on sexual orientation, gender conformity and gender identity, while encouraging pediatric clinicians and advocates to speak out against discrimination and/or victimization of LGBTQIA+ youth. Further, it recommends that health care providers, as well as the health care environment, should support and promote an LGBTQIA+ safe space for all youth and an atmosphere of acceptance to facilitate health care interactions.

During the past year, NAPNAP joined the American Academy of Pediatrics and other leading health care organizations in submitting amicus briefs in the *Brandt, et al. v. Rutledge, et al. and Doe, et al. v. Abbott, et al. cases in Arkansas and Texas, respectively*. Laws banning access to gender-affirming care conflict with our patient-centered position that pediatric health care is best delivered to youth in an individualized manner with a focus on health promotion and risk reduction.

Transgender patients need and deserve access to evidence-based care to optimize their short- and long-term health and well-being. When states like Alabama fail to protect health care access for LGBTQIA+ patients, the court system and/or federal government must intervene. NAPNAP urges other state legislative bodies and government agencies to refrain from passing laws or instituting policies that contradict widely accepted, evidence-based medical science.

April 12, 2022

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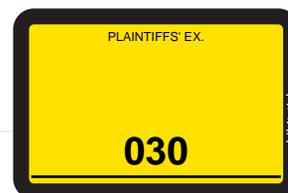


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News Release

## American Academy of Pediatrics and Its Alabama Chapter Oppose Bill Threatening Health of Transgender Youth

**For Release:**

4/7/2022

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*Alabama's efforts to criminalize gender-affirming care violate pediatric recommendations and doctor-family relationship, harm transgender patients*

**MONTGOMERY, AL AND WASHINGTON, DC** – The American Academy of Pediatrics (AAP) and the Alabama Chapter of AAP (AL-AAP) strongly oppose SB 184, a bill that endangers the health and well-being of transgender and gender-diverse youth.

On April 7, the Alabama House passed SB 184, which bans all forms of evidence-based gender-affirming medical care, requires educators and school staff to disclose gender-questioning students' identities to their parents, and classifies providing gender-affirming care as a Class C felony, punishable by up to 10 years in prison. The bill passed both chambers of the state legislature with limited debate and awaits the governor's signature.

"Pediatricians are dedicated to the well-being of all children. Laws like these directly interfere with their ability to keep their patients healthy and provide evidence-based care," said **AAP CEO/Executive Vice President Mark Del Monte, JD**. "This legislation targets vulnerable young people and puts them at great risk of physical and mental harm. Pediatricians are committed to caring for all children. Criminalizing evidence-based, medically necessary services is dangerous to their patients and profession."

The AAP has long supported gender-affirming care for transgender youth, which includes the use of puberty-suppressing medications when appropriate, as outlined in its own [policy statement](#), urging that youth who identify as transgender have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space in close consultation with parents.

The Academy has repeatedly [opposed](#) bills that discriminate against transgender youth and their right to receive medical care, and [advocated against](#) restrictions to their rights in other states. The Alabama Chapter of AAP has [consistently advocated against](#) prohibitions on gender-affirming care in Alabama.

For young people who identify as transgender, [studies show](#) that gender-affirming care can reduce emotional distress, improve their sense of well-being and reduce the risk of suicide.

"The Alabama Chapter of AAP strongly opposes this bill, which criminalizes evidence-based care, endangers the safety of vulnerable youth at home, and interferes with the fundamental physician-patient-family relationship. Pediatricians in our state care for transgender patients the way we care for all of our patients, by providing science-based, high-quality care to those who need it. We know our patients best, and physicians, not politicians, should be the ones determining how to best do our job. We urge Governor Ivey to veto this bill and instead pursue policies that prioritize children's health and safety," said **Alabama Chapter-AAP Vice President Nola Ernest, MD, FAAP**.

### **About the American Academy of Pediatrics**

The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit [www.aap.org](http://www.aap.org) and follow us on Twitter @AmerAcadPeds.

## **About the Alabama Chapter of the American Academy of Pediatrics**

A 501 (c) 3 organization, the Alabama Chapter of the AAP is the only statewide member organization of pediatricians, with more than 850 members across the state, representing both academic and community pediatrics in both urban and rural areas. With a mission to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved, the organization has an active voice on almost every state collaborative effort that serves the health interests of children.



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**Statement of the Alabama Psychological Association (aPA) Supporting Gender-Affirming Care for Transgender Youth and Urging Opposition to Alabama SB184/HB266**

**Alabama SB184/HB266**, known as the Alabama Vulnerable Child Compassion and Protection Act, is without scientific merit and is harmful to transgender individuals, impacting their ability to seek and receive gender-affirming care.

**The proposed legislation would prevent transgender youth and their families from:**

- **Accessing standard medical care** which has been available and practiced for over 25 years throughout our country, is backed by science, and is endorsed by the American Academy of Pediatrics, the American Psychological Association, the Endocrine Society, and the American Medical Association
- **Making joint decisions with medical providers** relative to their individual needs.

**The proposed legislation would:**

- **Criminalize medical providers**, by making it a Class C Felony, with a prison sentence up to 10 years and fines up to \$15,000 to provide standard medical care to transgender youth and families
- **Force nurses, counselors, teachers, principals, or other administrative officials at public or private schools to break trusted confidential relationships with children and gender diverse adolescents** by sharing this sensitive information with parents.

**Gender-affirming care saves lives, and access to this care results in better mental health and psychosocial outcomes.** Scientific evidence has shown unequivocally that gender affirming care has the potential to reduce mental health difficulties, suicide rates, as well as other negative psychosocial and health outcomes (1). **Gender-affirming care is provided by the medical team in alignment with ethical guidelines and standards of care** (e.g., World Professional Association for Transgender Health). Gender-affirming care is individualized and assists patient and families in defining, exploring, and actualizing their gender identity. **Patients and families lead the way, and the medical team shifts to adapt with the family if there is a change in gender identity.** The care can include psychoeducation about gender and sexuality (appropriate for the individual's age and developmental level), parental and family support, psychosocial interventions and gender affirming medical interventions. **Surgery is not part of gender affirming care for minors in Alabama.** Use of hormones for pubertal suppression is completely reversible and simply pauses puberty to provide the individual with time for their gender identity to develop further. **Gender affirming hormone therapy, which involves the use of masculinizing or feminizing hormones to allow the body to develop physical changes that align with a person's gender identity, is discussed thoroughly with the patient and family, and requires both patient and parent consent prior to treatment.**

Asking licensed professionals to disregard their medical knowledge and scientific evidence and thereby violate their professional ethics (e.g., the Hippocratic Oath) would codify in law a new low point in healthcare in Alabama. In addition, while the proposed legislation appears protective in aim and name (Alabama Vulnerable Child Compassion and Protection Act), it actually harms gender diverse youth by criminalizing all appropriate care and undermining flexibility that is critical for each individual patient to

receive the best possible care for their individual circumstances **Proper treatment saves lives**, by reducing anxiety, depression, and suicide in transgender youth, and with the unified support of their caregivers, families, providers and community, transgender youth can not only survive but thrive.

**The proposed legislation would place undue burden on an already taxed mental health care system in Alabama.** Increased rates of behavioral concerns, anxiety, depression, and suicide rates were a major concern for adolescents and young adults prior to the pandemic. Suicide is now the second leading cause of death in adolescents ages 15-19 (2). With the onset of the pandemic, rates of mental health disorders increased, symptoms of depression and anxiety doubled (3), and emergency room visits in the U.S. for suspected suicide doubled for adolescent girls compared to the same period in early 2019 (4). Moreover, **Alabama currently ranks 46<sup>th</sup> in the U.S. regarding access to mental health care for those in need and 51<sup>st</sup> (last) in mental health workforce availability, with only one mental health provider for every 1,100 people in need (5).** Our transgender youth are more vulnerable than their peers to depression, anxiety, shame, isolation, and various forms of self-harm including substance use and suicidal behaviors. **Removing access to affirming medical care by taking away treatments transgender youth and families are already receiving puts them for at risk for increased mental health concerns and is a civil rights violation. This legislation could also impact federal funding from the Health and Human Services (HHS), reducing access to needed medical and mental health care for everyone who lives and may seek care in the state of Alabama (6).**

**The Alabama Psychological Association stands in solidarity with transgender youth and their families in Alabama and across the United States.** We support and stand with our LGBTQ+ colleagues, consumers, families, neighbors, and friends. We will continue to fight for your rights, utilizing our clinical and scientific knowledge to advocate for the right to appropriate healthcare for all persons in Alabama and beyond, without political interference, utilizing policies that advance and protect the rights of everyone, including the LGBTQ+ community.

**We strongly oppose Alabama HB266/SB184 and urge all our legislators and Governor Ivey to demonstrate their true compassion for and desire to protect vulnerable youth in our state by opposing this bill as well.**

#### References

- (1) Turban, JL (2022). Retrieved from: <https://www.psychologytoday.com/us/blog/political-minds/202201/theevidence-trans-youth-gender-affirming-medical-care>
- (2) Centers for Disease Control and Prevention, National Center for Health Statistics. (2020) Underlying Cause of Death 1999-2019 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2019. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>
- (3) Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis. *JAMA Pediatrics*, 175(11), 1142–1150. <https://doi.org/10.1001/jamapediatrics.2021.2482>
- (4) Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888–894. <https://doi.org/10.15585/mmwr.mm7024e1>
- (5) Mental Health America (2020). COVID-19 and Mental Health: A Growing Crisis. <https://mhanational.org/sites/default/files/Spotlight%202021%20-%20COVID-19%20and%20Mental%20Health.pdf>.
- (6) HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy (2022) <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>

- health among transgender adolescents. *Journal of Adolescent Health*, 53, 791–793. <http://dx.doi.org/10.1016/j.jadohealth.2013.07.019>
- Slabbekoorn, D., Van Goozen, S. H. M., Gooren, L. J., & Cohen-Kettenis, P. T. (2001). Effects of cross-sex hormone treatment on emotionality in transsexuals. *International Journal of Transgenderism*, 5, 2–18.
- Smith, A. J., Hallum-Montes, R., Nevin, K., Zenker, R., Sutherland, B., Reagor, S., . . . Brennan, J. M. (2018). Determinants of transgender individuals' well-being, mental health, and suicidality in a rural state. *Rural Mental Health*, 42, 116–132. <http://dx.doi.org/10.1037/rmh0000089>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 2, 65–77. <http://dx.doi.org/10.1037/sgd0000081>
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 126, 125–136. <http://dx.doi.org/10.1037/abn0000234>
- Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2018). Transgender adolescent suicide behavior. *Pediatrics*, 142, e20174218. <http://dx.doi.org/10.1542/peds.2017-4218>
- Varni, J. W., Seid, M., & Kurtin, P. S. (1999). Pediatric health-related quality of life measurement technology: A guide for health care decision makers. *Journal of Clinical Outcomes Management*, 6, 33–44.

Received July 1, 2018

Revision received May 24, 2019

Accepted May 28, 2019 ■

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