

December 12, 2023

Dear Senator:

As a recently retired pediatrician, representative of the Ohio Chapter of the American Academy of Pediatrics, and an Ohioan, I'd like to share resources to rebut some of the inaccurate claims put forward during the HB 68 hearings.

Specifically, several questions were raised during the hearing asking for "evidence based" support that gender affirming care supports youth with gender dysphoria. The enclosed directly addresses this question and includes a collection of citations and expert opinions that analyze the validity of gender affirming care and further explain why gender affirming care is the prevailing medical standard.

Thank you, and please feel free to reach out if you have any questions or you would like to discuss further.

Sincerely,

Christopher Bolling, MD  
Bolling.CF@gmail.com

***This document addresses common disinformation surrounding care for transgender people and provides accurate scientific evidence about key topics related to transgender health.***

*Updated December 2023*

**False Claim:** Large numbers of children are transgender.

**Fact:** Transgender people are a tiny minority. They make up only 0.6% of the entire U.S. population, and the percentage of children and adolescents who identify as transgender ranges from 1 to 3%.<sup>1,2</sup> Less than 1% of young people have been diagnosed with gender dysphoria.<sup>3</sup>

**False Claim:** Social contagion is responsible for increasing numbers of transgender youth.

**Fact:** “Rapid onset gender dysphoria” (ROGD) was invented by a researcher who sourced all of her study information from anti-transgender websites. Multiple studies have demonstrated that ROGD does not exist,<sup>4,5</sup> and more than 60 health professional associations, led by the American Psychological Association, published a joint statement pointing out that the theory is based on zero evidence.<sup>6</sup> The journal that published the original study has issued a correction admitting that ROGD is not a real mental health diagnosis.<sup>7</sup>

**False Claim:** Most cases of gender dysphoria resolve on their own (“desistance”), and detransition is common.

**Fact:** Detransition is rare, which is why singular stories around it get treated as major events in the media. Old studies from decades ago that claimed desistance and detransition were common included large numbers of non-transgender youth. Up-to-date studies show that nearly all transgender youth who are properly diagnosed and treated continue to identify as transgender as they grow up.<sup>8,9</sup>

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<sup>1</sup> Herman JL, Flores AR, O’Neill KK. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* Los Angeles: The Williams

Institute. <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>.

<sup>2</sup> Mitchell HK, Keim G, Apple DE, et al. (2022). Prevalence of Gender Dysphoria and Suicidality and Self-Harm in a National Database of Paediatric Inpatients in the USA: a Population-based, Serial Cross-Sectional Study. *Lancet Child and Adolescent Health*, 6(12), 876–884.

<sup>3</sup> Coleman E, Radix AE, Bouman WP, et al. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(Suppl 1), S1–S259.

<sup>4</sup> Bauer GR, Lawson ML, Metzger DL, et al. (2022). Do Clinical Data from Transgender Adolescents Support the Phenomenon of “Rapid Onset Gender Dysphoria”? *The Journal of Pediatrics*, 243, 224–227.e2.

<sup>5</sup> Turban JL, Dolotina B, King D, Keuroghlian AS. (2022). Sex Assigned at Birth Ratio Among Transgender and Gender Diverse Adolescents in the United States. *Pediatrics*, 150(3), e2022056567.

<sup>6</sup> Coalition for the Advancement & Application of Psychological Science. (2021). CAAPS Position Statement on Rapid Onset Gender Dysphoria (ROGD). <https://www.caaps.co/rogd-statement>.

<sup>7</sup> Littman L. (2019). Correction: Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria. *PLoS ONE*, 14(3), e0214157.

<sup>8</sup> Olson KR, Durwood L, Horton R, et al. (2022). Gender Identity 5 Years after Transition. *Pediatrics*, 150(2), e2021056082.

<sup>9</sup> van der Loos MATC, Hannema SE, Klink DT, et al. (2022). Continuation of Gender-Affirming Hormones in Transgender People Starting Puberty Suppression in Adolescence: A Cohort Study in the Netherlands. *Lancet Child and Adolescent Health*, 6(12), 869–875.

**False Claim:** Regret is common.

**Fact:** Regret is extremely rare for gender-affirming care.<sup>10,11,12</sup> A recent systematic review of almost 8,000 patients found that rates of regret for transgender patients were around 1%, which is much lower than for many common procedures, such as joint replacements.<sup>13</sup>

**False Claim:** European countries are banning this care, making the U.S. an outlier in the treatment of youth with gender dysphoria.

**Fact:** No European country has banned this care for minors or for adults.<sup>14</sup> The age-appropriate and evidence-based standards of care used in the United States are the same as those used in Europe.<sup>3</sup> These standards require a comprehensive mental health evaluation before consideration of any medical treatment, as well as informed consent from the minor and their parents.

**False Claim:** There is no evidence that puberty delay medications or hormone therapy are beneficial or medically necessary.

**Fact:** More than two dozen peer-reviewed studies published over the last decade in leading journals such as the *New England Journal of Medicine* and *The Journal of Adolescent Health* have examined the impact of gender-affirming care for transgender adolescents and have overwhelmingly found that these treatments improve mental health and overall well-being.<sup>15,16,17</sup> For example, transgender adolescents treated with puberty delay medications and hormone therapy had 60% lower odds of depression and 73% lower odds of suicidality than those who didn't receive treatment.<sup>18</sup>

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<sup>10</sup> Bruce L, Khouri AN, Bolze A, et al. (2023). Long-Term Regret and Satisfaction with Decision Following Gender-Affirming Mastectomy. *JAMA Surgery*, e233352.

<sup>11</sup> Wiepjes CM, Nota NM, de Blok CJM, et al. (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets. *Journal of Sexual Medicine*, 15(4), 582–590.

<sup>12</sup> Narayan SK, Hontscharuk R, Danker S, et al. (2021). Guiding the Conversation: Types of Regret after Gender-Affirming Surgery and Their Associated Etiologies. *Annals of Translational Medicine*, 9, 605.

<sup>13</sup> Bustos VP, Bustos SS, Mascaro A, et al. (2021). Regret after Gender-Affirmation Surgery: A Systematic Review and Meta-Analysis of Prevalence. *Plastic and Reconstructive Surgery Global Open*, 9(3), e3477.

<sup>14</sup> *Eknes-Tucker v. Marshall*, 603 F. Supp. 3d 1131 (M.D. Ala. 2022). Brief of *Amici Curiae* Stonewall UK et al. <https://www.splcenter.org/sites/default/files/documents/eknes-tucker-v-marshall-stonewall-uk-amicus.pdf>.

<sup>15</sup> Chen D, Berona J, Chan YM, et al. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240–250.

<sup>16</sup> Green AE, DeChants JP, Price MN, Davis CK. (2022). Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 70(4), 643–649.

<sup>17</sup> Nolan BJ, Zwickl S, Locke P, et al. (2023). Early Access to Testosterone Therapy in Transgender and Gender-Diverse Adults Seeking Masculinization: A Randomized Clinical Trial. *JAMA Network Open*, 6(9), e2331919.

<sup>18</sup> Tordoff DM, Wanta JW, Collin A, et al. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, 5(2), e220978.

**False Claim:** Systematic reviews have found no evidence that gender-affirming care is beneficial.

**Fact:** Systematic reviews published in peer-reviewed journals have found improvements in the mental health and psychosocial functioning of transgender adolescents who receive this care.<sup>19,20,21,22</sup> The report commissioned by the state of Florida to justify its care ban, by contrast, is a list of opinion pieces with no scientific integrity.<sup>23</sup>

**False Claim:** Studies on gender-affirming care have only generated “low-quality” evidence.

**Fact:** “Low-quality” evidence is still strong science and is common in medicine. Less than 15% of well-recognized medical interventions rely on “high-quality” evidence, while more than half rely on “low-quality” or “very low quality” evidence.<sup>24</sup>

**False Claim:** Puberty delay medications have permanent and harmful effects on fertility, bone mineral density, and cognition.

**Fact:** Puberty delay medications have been safely used in youth for decades to treat precocious puberty as well as gender dysphoria.<sup>25,26</sup> Their effects on fertility and bone mineral density are reversible. There is no evidence to suggest that these medications adversely affect cognitive development.

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<sup>19</sup> Connolly MD, Zervos MJ, Barone CJ, et al. (2016). The Mental Health of Transgender Youth: Advances in Understanding. *Journal of Adolescent Health*, 59(5), 489–495.

<sup>20</sup> Ramos GGF, Mengai ACS, Daltro CAT, et al. (2021). Systematic Review: Puberty Suppression with GnRH Analogues in Adolescents with Gender Incongruity. *Journal of Endocrinological Investigation*, 44(6), 1151–1158.

<sup>21</sup> Chew D, Anderson J, Williams K, et al. (2018). Hormonal Treatment in Young People with Gender Dysphoria: A Systematic Review. *Pediatrics*, 141(4), e20173742.

<sup>22</sup> Mahfouda S, Moore JK, Siafarikas A, et al. (2017). Puberty Suppression in Transgender Children and Adolescents. *Lancet Diabetes & Endocrinology*, 5(10), 816–826.

<sup>23</sup> McNamara M, Abdul-Latif H, Boulware SD, et al. (2022). *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria*. New Haven: Yale School of Medicine. <https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida-medicaid/>.

<sup>24</sup> Fleming PS, Koletsi D, Ioannidis JP, Pandis N. (2016). High Quality of the Evidence for Medical and Other Health-Related Interventions Was Uncommon in Cochrane Systematic Reviews. *Journal of Clinical Epidemiology*, 78, 34–42.

<sup>25</sup> Manasco PK, Pescovitz OH, Feuillan PP, et al. (1988). Resumption of Puberty after Long Term Luteinizing Hormone-Releasing Hormone Agonist Treatment of Central Precocious Puberty. *Journal of Clinical Endocrinology and Metabolism*, 67(2), 368–372.

<sup>26</sup> Heger S, Muller M, Ranke M, et al. (2006). Long-Term GnRH Agonist Treatment for Female Central Precocious Puberty Does Not Impair Reproductive Function. *Molecular and Cellular Endocrinology*, 254–255, 217–220.

**False Claim:** There is no evidence that gender-affirming care decreases suicidality among transgender youth.

**Fact:** Strong scientific evidence clearly shows that gender-affirming care significantly decreases suicidality and suicidal ideation among transgender adolescents.<sup>19,27</sup>

**False Claim:** The FDA has not approved these treatments for gender dysphoria, and thus they are experimental or unsafe.

**Fact:** Off-label use of medications is legal, safe, and common. In fact, one in five prescriptions written today are for off-label use,<sup>28</sup> and more than 35% of medication use in pediatrics is off-label.<sup>29,30</sup>

**False Claim:** Surgery is being performed on children and permanently changing their bodies.

**Fact:** Gender-affirming surgeries are never performed on children and are not part of the routine standard of care for transgender adolescents.<sup>3</sup> Surgery related to gender dysphoria is extremely rare for adolescents and occurs only after extensive diagnosis and treatment consultations between doctors, parents, and patients. Between 2019-2021 less than 800 adolescents with gender dysphoria in the entire US underwent chest surgery related to a diagnosis of gender dysphoria.<sup>31</sup> This number is a tiny proportion (0.3%) of the U.S. transgender adolescent population.

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<sup>27</sup> Allen LR, Watson LB, Egan AM, Moser CN. (2019). Well-Being and Suicidality among Transgender Youth after Gender-Affirming Hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302–311.

<sup>28</sup> U.S. Agency for Healthcare Research and Quality. (2015). Off-Label Drugs: What You Need to Know. <https://www.ahrq.gov/patients-consumers/patient-involvement/off-label-drug-usage.html>.

<sup>29</sup> Allen HC, Garbe MC, Lees J, et al. (2018). Off-Label Medication Use in Children, More Common than We Think: A Systematic Review of the Literature. *The Journal of the Oklahoma State Medical Association*, 111(8), 776–783.

<sup>30</sup> Frattarelli DA, Galinkin JL, Green TP, et al. (2014). Off-Label Use of Drugs in Children. *Pediatrics*, 133(3), 563–567.

<sup>31</sup> Respaut R, Terhune C. (Oct 6, 2022). Putting numbers on the rise in children seeking gender care. <https://www.reuters.com/investigates/special-report/usa-transyouth-data/>

## Understanding Medically Necessary Care for Transgender People

Transgender people, like anyone else, need to be able to go to the doctor when they're sick and to have access to health care that helps them be healthy and well. Many transgender people also need medical care that helps them live as their authentic gender.

Gender dysphoria is the medical diagnosis that describes the intense psychological distress that transgender people feel when they aren't able to live as who they truly are. Every major U.S. medical association recognizes gender dysphoria as a serious medical condition and recommends that transgender people have access to the safe, effective treatment outlined in the evidence-based guidelines and standards of care maintained by expert professional associations such as:

- American Academy of Pediatrics<sup>1</sup>
- Endocrine Society<sup>2</sup>
- Center of Excellence for Transgender Health<sup>3</sup>
- World Professional Association for Transgender Health (WPATH)<sup>4</sup>

Treatment for gender dysphoria is individualized and age-appropriate. For transgender young people, care involves in-depth consultation and coordination between mental health professionals, doctors, and parents. No medical interventions occur for children before puberty. At puberty, the standard of care for decades has been reversible medications that temporarily pause puberty to give the young person time to think through their health care needs. Older transgender adolescents may begin hormone therapy after consultation with their doctor and parents. Surgeries for older transgender adolescents are exceptionally rare and happen only when gender dysphoria is so intense that it can't be fully treated in any other way. For all transgender people, these personal and private health care decisions are guided by the expertise of medical professionals.

### What does the research say?

A strong and well-established body of evidence, developed over more than 40 years, demonstrates that individualized and age-appropriate care for transgender people improves mental health and overall well-being at all ages. The positive effects of this care include decreases in depression, anxiety, and suicidal ideation, as well as improvements in quality of life and body satisfaction. These peer-reviewed research studies have been published in internationally respected journals such as the *New England Journal of Medicine*, *Journal of Adolescent Health*, and *Pediatrics*.

- A 2023 study found that transgender adolescents who received hormone therapy over the course of two years had significantly decreased depression and anxiety symptoms, as well as improvements in life satisfaction.<sup>5</sup>
- A 2015 study found improved psychological and social functioning among transgender adolescents who received puberty delay medications.<sup>6</sup>
- A 2022 study found 60% lower odds of depression and 73% lower odds of suicidality among transgender youth after starting puberty delay medications or hormone therapy.<sup>7</sup>

- A 2023 randomized controlled trial found that transgender people who had immediate access to hormone therapy—rather than waiting three months to start treatment—experienced a 52% reduction in suicidality (compared to only 5% for those who had to wait to start treatment), as well as substantial decreases in depression and gender dysphoria.<sup>8</sup>

The research also illuminates the concrete harms on the mental health and well-being of transgender people when medically necessary care is banned. Currently, more than 146,000 transgender youth have lost or are at risk of losing access to essential health care as a result of state bans.<sup>9</sup> Transgender adults have also lost health care access in several states.<sup>10</sup>

- A 2022 survey of transgender youth found that 86% reported negative impacts on their mental health because of state laws restricting the rights of transgender people.<sup>11</sup>
- A 2020 study showed that transgender adolescents who did not receive appropriate medical treatment had poorer psychological health compared to their transgender peers who could access care.<sup>12</sup>
- A 2022 study found higher odds of lifetime suicidal ideation among transgender adults who could not access medical care during their adolescence.<sup>13</sup>

### **Where do professional medical associations stand?**

Every major U.S. medical and mental health professional association supports access to this essential medical care to improve the health and well-being of transgender people.<sup>14</sup> These expert associations represent millions of health professionals across the country in fields spanning psychiatry, adolescent medicine, psychology, endocrinology, pediatrics, and many others.

#### ***American Academy of Child and Adolescent Psychiatry (AACAP)***

“Gender-affirming care is informed by long-standing standards of care and by evidence-based clinical studies supporting improved mental health and health outcomes for youth...AACAP has strongly advocated for gender-affirming evidence-based care and vehemently opposes efforts to block access to care.”<sup>15</sup>

#### ***American Academy of Pediatrics (AAP)***

“The American Academy of Pediatrics recommends 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.”<sup>16</sup>

#### ***American Medical Association (AMA)***

“The AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making...Gender-affirming care is medically-necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.”<sup>17</sup>

#### ***American Psychological Association (APA)***

“There is no scientific or health justification for legislation which restricts access to gender-affirming care...APA Division 44 affirms the legitimacy of gender affirming care and stands in strong opposition to attempts by local, state, and federal governmental bodies to misinform the public, interfere in the patient-provider relationship, and infringe upon the rights of transgender and gender diverse people and their families to seek and receive appropriate care and accommodations which evidence indicates is supportive of their health.”<sup>18</sup>



## References

- <sup>1</sup> Rafferty, J., Yogman, M., Baum, R., et al. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4): e20182162.
- <sup>2</sup> Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology and Metabolism*, *102*(11): 3869-3903.
- <sup>3</sup> Gender Affirming Health Program, Department of Family and Community Medicine, University of California at San Francisco. (2016). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2<sup>nd</sup> edition. Deutsch, M. B., ed. Available at [transcare.ucsf.edu/guidelines](https://transcare.ucsf.edu/guidelines)
- <sup>4</sup> Coleman, E., Radix, A. E., Bouman, W. P., et al. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, *23*: S1-S259.
- <sup>5</sup> Chen, D., Berona, J., Chan, Y. M., et al. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, *388*(3):240-250.
- <sup>6</sup> Costa, R., Dunsford, M., Skagerberg, E., et al. (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *Journal of Sexual Medicine*, *12*(11):2206-2214.
- <sup>7</sup> Tordoff, D. M., Wanta, J. W., Collin, A., et al. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, *5*(2):e220978.
- <sup>8</sup> Nolan, B. J., Zwickl, S., Locke, P., Zajac, J. D., Cheung, A. S. (2023). Early Access to Testosterone Therapy in Transgender and Gender-Diverse Adults Seeking Masculinization: A Randomized Clinical Trial. *JAMA Network Open*, *6*(9):e2331919.
- <sup>9</sup> Redfield, E. & Conron, K.J. (co-first authors), Tentindo, W., Browning, E. (2023). Prohibiting GenderAffirming Medical Care for Youth. *The Williams Institute*, UCLA, Los Angeles, CA
- <sup>10</sup> Movement Advancement Project. (2023). LGBTQ Policy Spotlight: Bans on Medical Care for Transgender People. <https://www.mapresearch.org/2023-medical-care-bans-report>.
- <sup>11</sup> Issues Impacting LGBTQ Youth. (2020). *The Trevor Project*. [https://www.thetrevorproject.org/wp-content/uploads/2023/01/Issues-Impacting-LGBTQ-Youth-MC-Poll\\_Public-2.pdf](https://www.thetrevorproject.org/wp-content/uploads/2023/01/Issues-Impacting-LGBTQ-Youth-MC-Poll_Public-2.pdf)
- <sup>12</sup> van der Miesen, A. I. R., Steensma, T. D., de Vries, A. L. C., et al. (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers. *Journal of Adolescent Health*, *66*(6):699-704.
- <sup>13</sup> Turban JL, King D, Kobe J, Reisner SL, & Keuroghlian AS. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*, *18*(6): e0287283.
- <sup>14</sup> Transgender Legal Defense and Education Fund. (2023). Medical Organization Statements. Available at <https://transhealthproject.org/resources/medical-organization-statements>
- <sup>15</sup> American Academy of Child & Adolescent Psychiatry. (2022). Opposing Actions in Texas Threatening the Health, Mental Health and Well-Being of Transgender and Gender Diverse Youth and Their Families. [https://www.aacap.org/AACAP/zLatest\\_News/AACAP\\_Statement\\_Opposing\\_Actions\\_in\\_Texas.aspx](https://www.aacap.org/AACAP/zLatest_News/AACAP_Statement_Opposing_Actions_in_Texas.aspx)
- <sup>16</sup> American Academy of Pediatrics. (2021). American Academy of Pediatrics Speaks Out Against Bills Harming Transgender Youth. <https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/>
- <sup>17</sup> American Medical Association. (2021). AMA reinforces opposition to restrictions on transgender medical care. <https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>
- <sup>18</sup> American Psychological Association. (2023). Statement opposing legislation targeting transgender and gender diverse people. <https://www.apadivisions.org/division-44/publications/newsletters/division/2023/07/statement>

## News Articles Rebutting Common Misinformation about Gender-Affirming Care:

Topic	Rebuttal Articles
Anti-Trans Coordinated Attacks	<a href="#">Inside The Cottage Industry Of ‘Experts’ Paid To Defend Anti-Trans Laws</a> (September 15, 2023), <i>HuffPost</i>
	<a href="#">Inside the Secret Working Group That Helped Push Anti-Trans Laws Across the Country</a> (March 8, 2023), <i>MotherJones</i>
Detransition/Regret	<a href="#">No, 80% Of Trans Youth Do Not Detransition</a> (March 17, 2023), <i>Los Angeles Blade</i>
	<a href="#">Trans kids rarely change their minds about their gender, according to a years-long study tracking hundreds of children</a> (May 5, 2022), <i>Business Insider</i>
	<a href="#">Trans Kids Don’t Have the ‘Regrets’ Republicans Cynically Claim</a> (October 21, 2022), <i>The Washington Post</i>
Europe	<a href="#">Norway didn’t ban gender-affirming care for minors, as headline falsely claims</a> (June 8, 2023), <i>Associated Press</i>
	<a href="#">The real story on Europe’s transgender debate</a> (September 29, 2023), <i>POLITICO Pro</i>
Impact on Families	<a href="#">“I Don’t Want to Live in This State of Terror Anymore”: Some Families With Trans Children Are Leaving Texas</a> (July 24, 2023), <i>Texas Monthly</i>
	<a href="#">After Mississippi banned his hormone shots, an 8-hour journey</a> (July 28, 2023), <i>Washington Post</i>
	<a href="#">As conservative states target trans rights, a Florida teen flees for a better life</a> (May 11, 2023), <i>NPR</i>
Public Opinion	<a href="#">Most in new poll say restricting access to gender-affirming care should not be focus for politicians</a> (September 18, 2023), <i>The Hill</i>
	<a href="#">Americans don’t trust politicians on abortion and gender-affirming care, poll finds</a> (September 18, 2023), <i>The 19<sup>th</sup></i>

<b>Research</b>	<a href="#">First Randomized Clinical Trial Confirms Benefits of Gender-Affirming Care</a> (September 10, 2023), <i>Truthout</i>
	<a href="#">Australian study finds gender-affirming care halves suicidality among trans people</a> (September 8, 2023), <i>PinkNews</i>
	<a href="#">Mental health benefits of gender-affirming hormones for teens persist for two years in new study</a> (January 18, 2023), <i>STAT News</i>
<b>Social Contagion</b>	<a href="#">Study finds no evidence of social contagion among transgender youths</a> (August 3, 2022), <i>American Academy of Pediatrics</i>
	<a href="#">'Social contagion' isn't causing more youths to be transgender, study finds</a> (August 3, 2022), <i>NBC News</i>
	<a href="#">Evidence Undermines 'Rapid Onset Gender Dysphoria' Claims</a> (August 24, 2023), <i>Scientific American</i>
<b>Surgery</b>	<a href="#">The Myth That Fuels the Panic Over Surgery for Trans Teenagers: For many, getting top surgery is a long and onerous process.</a> (October 11, 2022), <i>Slate</i>
<b>WA State Law/Taking Kids Away From Parents</b>	<a href="#">No, Washington Did Not Just Pass a Law Allowing the State to Kidnap and Transgenderify Children</a> (April 29, 2023), <i>The Stranger</i>

## **Professional Organizations’ Position Statements on Care for Transgender People**

This document is a compilation of position statements from major U.S. medical professional associations affirming support for age-appropriate, individualized care for transgender youth.

*\*Emphasis added\**

*Updated December 2023*

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**American Academy of Child and Adolescent Psychiatry (AACAP)**

[AACAP Statement Opposing Actions in Texas Threatening the Health, Mental Health and Well-Being of Transgender and Gender Diverse Youth and Their Families](#)

March 1, 2022

***“Attempts to criminalize gender-affirming care deprive youth and families of treatment and endanger the physician-patient-caregiver relationship, which is the foundation of pediatric healthcare.*** The allocation of scarce child protective services to these efforts further endangers youth who actually require those important services. Gender-affirming care is not child abuse.

Variations in gender expression are not pathological; rather, they represent normal dimensions of human development. All youth and families benefit from access to professional support and information about gender development. ***Gender-affirming care is informed by long-standing standards of care and by evidence-based clinical studies supporting improved mental health and health outcomes for youth.*** For transgender and gender-diverse youth, family and social supports have improved mental health outcomes and functioning, and for some, medical treatment may be necessary. [AACAP has strongly advocated](#) for gender-affirming evidence-based care and vehemently opposes efforts to block access to care.”

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

November 8, 2019

***“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.”

## American Academy of Dermatology

### [American Academy of Dermatology Association statement on legislative interference in health care for transgender patients](#)

June 1, 2021

***“The American Academy of Dermatology Association strongly opposes recent efforts by state legislatures to restrict physicians’ ability to provide care to transgender youths. Legislation such as the bill enacted this spring in Arkansas as well as those proposed in several other states are a dangerous intrusion by government into medical decision-making.”***

“The AADA recognizes the dignity and identity of transgender individuals and advocates for dermatologists’ ability to provide therapy and procedures that help the mental and physical well-being of these and all patients. Evidence has shown that transgender individuals who are forced to forgo gender-affirming care face an increased risk of mental health disorders including substance abuse disorders, and have higher rates of suicide.”

***“Transgender and gender-diverse individuals can benefit greatly from medical and surgical gender-affirming treatments. These treatments are often medically necessary for the health and well-being of these patients and are not to be considered as cosmetic or elective.”***

***“Decisions about care should remain within the confines of the physician-patient relationship, guided by strong medical evidence and the best interests of the individual patient.”***

## American Academy of Family Physicians (AAFP)

### [Family Physicians Stand Against Policies That Criminalize Care, Threaten Patient-Physician Relationship](#)

April 6, 2022

***“The American Academy of Family Physicians stands firmly against any policies that unnecessarily regulate the evidence-based practice of medicine, criminalize physicians and medical care, threaten the patient-physician relationship, and inhibit the delivery of safe, timely, and comprehensive care, including reproductive health services and information and gender-affirming care.***

“Patients must be able to depend on their physicians to help them make critical decisions about their personal health. Laws and mandates that restrict or create undue burdens in accessing these services endanger patients and put those of us who provide medical care—or even offer evidence-based information—at great risk.”

***“The AAFP will continue to advocate for everyone’s right to health care and to protect family physicians. This echoes our longstanding policies opposing any governmental interference in the confidential relationship between patient and physician, including those related to criminalizing medical care. To that end, the AAFP strongly urges state and federal legislators and courts to strike down any laws that jeopardize care to protect physicians and 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, harassment, or retribution. Our patients, not policymakers, must make their own medical decisions.”

[Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care](#)

April 2, 2021

Joint statement from the American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and the American College of Obstetricians and Gynecologists

***“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.”***

**The American Academy of HIV Medicine (AAHIVM)**

[The American Academy of HIV Medicine Statement on Transgender Care and Gender-Diverse Care](#)

September 21, 2023

***“Transgender care, gender-diverse care, and gender-affirming care is life-saving health care. As an organization whose members are comprised of health care providers and clinicians, the Academy unequivocally supports transgender care, gender-diverse care, and gender-affirming care as well as the professionals who provide it. We uphold the sanctity of the patient-provider relationship and the individual decisions regarding the provision of health care that the patient and their provider make together.”***

***“Additionally, providing health care for the whole person, including gender-affirming care, is an integral part of status-neutral care delivery and the federal Ending the HIV Epidemic initiative. We will not achieve the goal of ending the HIV epidemic without providing comprehensive medical care for transgender and gender-diverse (TGD) individuals. The Academy’s mission is to ensure health care professionals have the resources needed to provide prevention, treatment, and care for those with or at risk for HIV and related conditions to achieve optimal health. In upholding our mission, we support gender-affirming care for TGD individuals, because barriers to comprehensive gender-affirming care exacerbate existing health inequities and prevent TGD individuals from accessing HIV prevention and treatment services that may be appropriate for them.”***

## American Academy of Pediatrics (AAP)

### [American Academy of Pediatrics Speaks Out Against Bills Harming Transgender Youth](#)

March 16, 2021

*“The American Academy of Pediatrics has long been on the record in support of affirmative care for transgender children through our clinical policy. Today, we are going on the record to oppose public policies that would allow for the opposite...The American Academy of Pediatrics recommends 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. We also recommend that playing on sports teams helps youth develop self-esteem, correlates positively with overall mental health, and appears to have a protective effect against suicide. These bills not only ignore these recommendations, they undermine them.”*

### [Statement from the American Academy of Pediatrics and the Oklahoma Chapter of the American Academy of Pediatrics on Gender-Affirming Care](#)

September 28, 2022

*“Our organizations strongly oppose any legislation or regulation that would discriminate against gender-diverse individuals, including children and adolescents, or limit access to comprehensive evidence-based care which includes the provision of gender-affirming care...Our organizations also oppose any action that would interfere with the physician-patient relationship and with parental involvement in making medical decisions for their own children. We stand with our physician members and the patients they care for in Oklahoma and across the country today and every day.”*

## American Association for Marriage and Family Therapy (AAMFT)

### [Statement on Anti-Transgender Legislation](#)

April 9, 2021

*“AAMFT has been clear and vocal in its position that as an association, discrimination will not be tolerated on any basis. We reiterate our global commitment to inclusivity, diversity, and a fundamental belief in the power of relationships upon which our profession is built. **We recognize the adverse effects of this legislation on the livelihood of the transgender and gender diverse community, including depression, increased suicide and attempted suicide, and fewer safe, inclusive spaces in which to thrive.**”*

*“Legislative proposals like [Arkansas’] HB 1570 may also leave mental health providers overwhelmed with clients experiencing gender dysphoria, without any medical providers to refer clients to for further treatment. **AAMFT opposes legislation that discriminates against the LGBTQ+ population, such as HB 1570 and legislation that seeks to limit MFTs’ ability to provide gender affirmative care.**”*

## American College Health Association (ACHA)



## [Organizational Position: Access to Health Care Services for Transgender Patients](#)

February 8, 2023

**“Health care services should be made universal to all and should not discriminate in any way, whether this be on the basis of age; race; ethnicity; sex; sexual orientation; gender; gender identity; marital status; physical size or ability; religious, spiritual or cultural identity; neuro diversity; socioeconomic status; or veteran status. This is consistent with ACHA’s long-held values of cultural inclusion, respect, equality, and equity.”**

**“Therefore, *ACHA opposes any policy, at any level, that restricts, limits, or discourages access to gender-related services for transgender and nonbinary youth and/or adults in our communities. This includes government requirements for data sharing that target gender-affirming care and diagnoses related to gender identity or gender dysphoria.*** The sharing of this confidential, personal medical data, even when de-identified, erodes trust in healthcare services and interferes with the patient-provider relationship to the detriment of the person’s physical and mental health. The health and well-being needs of all college students, including those who identify as transgender and nonbinary, must always be the highest priority of health care providers and campus health centers.”

## [American College of Nurse Midwives \(ACNM\)](#)

### [Statement: ACNM Opposes Texas Opinion on Gender-Affirming Care](#)

March 10, 2022

**“The American College of Nurse-Midwives (ACNM) strongly opposes recent actions taken in Texas by Governor Gregg Abbott and Attorney General Ken Paxton that seek to unnecessarily harm the health and well-being of transgender and gender non-binary youth in the state.** In the last couple weeks, officials in Texas issued an opinion equating the provision of gender-affirming health care services to child abuse.”

**“ACNM’s Philosophy of Care states that all people have a right to health care that is equitable, ethical, and accessible and that upholds human dignity and diversity among groups,”** stated ACNM President Cathy Collins-Fulea, DNP, CNM, FACNM. **“This applies to people of every gender identity and sexual orientation. *ACNM opposes any legislative or regulatory measures that seeks to erode shared-decision making between midwives and individuals and the provision of evidence-based care.*** Every person, regardless of age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, national origin, citizenship, disability, or marital status has the right to safe, supportive, and affirming health care.”

**“Many transgender and non-binary people across the United States are underserved by our health care system and struggle to find safe spaces and providers to care for them. *Gender-affirming care not only includes clinical interventions that are necessary for health and can be lifesaving, but it also includes health care that is unrelated to one’s gender identity.*** The legal opinion issued in Texas exacerbates the issue of lack of access to safe and evidence-based gender-affirming care and places countless individuals and families at risk of harm from inadequate and discriminatory healthcare.”

## The American College of Obstetricians and Gynecologists (ACOG)

### [Issue Brief: Health Care and Support for Transgender and Gender Diverse Adolescents](#)

2023

***“State policies to deny transgender and gender diverse adolescents care to realize their gender identities undermine evidence-based care, compromise the patient-clinician relationship, and would have grave consequences for the health and lives of young people.”***

***“Policies that dictate medical practice, restrict patient-clinician communications, and criminalize or penalize clinicians for practicing according to their professional judgement and training represent dangerous and ill-advised interference in quality, ethical patient care.”***

“Policies driven by discrimination and misinformation create a harmful environment for transgender youth and compromise quality patient care... ***ACOG joins major medical associations in supporting access to evidence-based gender affirming care for transgender youth, free from political interference.***...ACOG calls for policies that affirm and uplift the civil, human, and reproductive rights of the LGBTQIA and gender diverse communities.”

## American College of Physicians (ACP)

### [ACP Advocates Against Restrictions on Gender-Affirming Care](#)

May 19, 2023

***“ACP opposes efforts to restrict access to such evidence-based care and to prohibit public payers, such as state Medicaid programs, from covering this care.”***

***“‘ACP is strongly opposed to unnecessary government interference in the patient-physician relationship that prevents physicians from providing their patients with evidence-based, medical services,’*** Dr. Ryan D. Mire, ACP past president, said in a statement on the Mississippi law. He added: ‘Physicians should not face civil or licensure penalties for providing medical care that is in accordance with the recommendations of ACP and other medical organizations. Instead of policies that block access to health care and harm the patient-physician relationship, we need to seek ways to better support these families, improve access to care for these services and reduce social stigma.’”

## American Counseling Association (ACA)

### [ACA Opposes TX Definition of Child Abuse to Include Gender-Affirming Care](#)

March 2, 2022,

***“All major medical and mental health associations recognize sexual orientation and gender identity as a part of human growth and development. These targeted legislative efforts are dangerous to the health and well-being of non-binary and transgender youth, as they are at risk for a significant increase in suicidal behavior, anxiety and depression, homelessness,***

*substance abuse, etc.* Children need to be able to trust their parents, families, and counselors and not live in fear of having those persons prosecuted for helping them.”

### **American Medical Association (AMA)**

#### **[AMA strengthens its policy on protecting access to gender-affirming care](#)**

June 12, 2023

“The American Medical Association (AMA) House of Delegates today passed the Endocrine Society’s resolution to protect access to evidence-based gender-affirming care for transgender and gender-diverse individuals...In the resolution, ***the AMA committed to opposing any criminal and legal penalties against patients seeking gender-affirming care, family members or guardians who support them in seeking medical care, and health care facilities and clinicians who provide gender-affirming care.*** The AMA will work at the federal and state level with legislators and regulators to oppose such policies and collaborate with other organizations to educate the Federation of State Medical Boards about the importance of gender-affirming care.

#### **[AMA reinforces opposition to restrictions on transgender medical care](#)**

June 15, 2021

***“The American Medical Association (AMA) today strengthened its established position opposing the governmental intrusion into the practice of medicine that is detrimental to the health of transgender and gender-diverse children and adults.”***

***“The AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making,”*** said AMA Board Member Michael Suk, MD, JD, MPH, MBA. “Gender-affirming care is medically-necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.”

***“The AMA is a strong supporter of human rights and freedoms and will continue to strongly oppose discrimination based on an individual’s sex, sexual orientation, or gender identity. AMA will continue to work to ensure transgender and gender-diverse minors have the opportunity to explore their gender identity under the safe and supportive care of a physician.”***

### **American Medical Student Association (AMSA)**

#### **[Calling Out Scientific Information and Protecting Transgender Youth](#)**

June 29, 2022

“In response to these inhumane state-sponsored attacks on transgender youth, a group of medical and law faculty members from the Yale School of Medicine, Yale Law School, and University of Texas Southwestern joined to examine the claims made in the recent AG Opinion and Alabama legislation. In their report, *‘Biased Science: The Texas and Alabama Measures Criminalizing Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims,’* this team of medical and legal experts expose the multitude of errors in these two recent high profile anti-transgender policies.”

“As medical students and future physicians, we, the Yale Chapter of AMSA, join with AMSA National to commend these medical and law leaders who have assembled this scientifically well-informed report. A large body of literature shows that transgender youth endure higher risks of bullying, depression, and suicidality, not to mention greater barriers to accessing health care. ***Out of consideration for the additional harms that these systemic acts of hate and scientific misinformation impose on transgender youth and their families, as well as on our ability as future physicians to properly care for them, AMSA endorses the report published by faculty members of the Yale Law School faculty, Yale School of Medicine, University of Texas Southwestern, and condemns the AG Opinion, Alabama Law, and similar attempts to limit and attack gender-affirming care.***”

### **American Nurses Association (ANA)**

#### **[American Nurses Association Opposes Restrictions on Transgender Healthcare and Criminalizing Gender-Affirming Care](#)**

October 26, 2022

***“The American Nurses Association strongly opposes any legislation or policy action that places restrictions on transgender health care and that criminalizes gender-affirming care. Due to recent state legislative efforts, transgender and gender-diverse youth and their parents or guardians who choose to access gender-affirming care may come under legal assault in many states. Health care professionals, including nurses and advanced practice registered nurses (APRNs) who provide gender-affirming care, may also be subject to judicial process or other legal action. **These restrictive laws interfere with the trust and confidentiality between patients, parents or guardians, and clinicians in the delivery of evidence-based care. The legislative intent and medical claims behind these laws are not grounded in reputable science and conflict with the nurse’s obligation to promote, advocate, and protect the rights, health, and safety of patients.**”***

### **American Psychiatric Association**

**[Position Statement on Treatment of Transgender \(Trans\) and Gender Diverse Youth](#), Approved by the Board of Trustees July 2020**

***“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.”***

#### **[Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care](#)**

April 2, 2021

Joint statement from the American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and the American College of Obstetricians and Gynecologists

***“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.”***

### **American Psychoanalytic Association (APsA)**

#### **[Position Statement Opposing Anti-Trans Legislation](#)**

May 30, 2023

***“The American Psychoanalytic Association (APsA) notes a troubling increase in misinformation and legislation adversely affecting trans and gender expansive (TGE) people... Today, a third of trans and gender expansive youth in the United States are at risk of losing or have already lost access to the ability to medically transition, long established as an essential component of gender-affirming care by the American Psychological Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Medical Association, the American Academy of Pediatrics, the Endocrine Society, the World Health Organization, and the World Professional Association for Transgender Health... These restrictive legislative efforts have sought legitimacy in a profusion of misinformation and disinformation—that is, false information disseminated intentionally to cause serious social harm... As an analytic community, APsA wishes to clearly and publicly disagree with those promulgating falsehoods about gender-affirming care... the American Psychoanalytic Association strongly opposes recent, overreaching government intrusion into clinical care that adversely affects trans and gender expansive people, their families and their health care providers.”***

### **American Psychological Association (APA)**

#### **[Statement opposing legislation targeting transgender and gender diverse people](#)**

July 2023

***“There is no scientific or health justification for legislation which restricts access to gender-affirming care. In fact, the medical and mental health professions support gender-affirming care, recognizing the scientific fact that gender identities are diverse and rigid notions of sex and gender are barriers to good healthcare for all patients.”***

***“APA Division 44 affirms the legitimacy of gender affirming care and stands in strong opposition to attempts by local, state, and federal governmental bodies to misinform the public,***

*interfere in the patient-provider relationship, and infringe upon the rights of TGD people and their families to seek and receive appropriate care and accommodations which evidence indicates is supportive of their health.”*

[Position Statement: Support Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth](#) July 2023

***“Pediatric gender-affirming healthcare saves lives.*** TGD youth are at heightened risk of anxiety, depression, and suicidality compared to their cisgender peers. They also face discrimination, stigma, and physical harm due to their gender identity. ***Gender-affirming healthcare is critical to alleviating gender dysphoria and related distress, including suicidality. Legislation blocking healthcare professionals from providing gender-affirming care will harm TGD youth by perpetuating discriminatory environments and reinforcing barriers to accessing needed mental health and medical services.*** This will inevitably lead to more severe dysphoria and psychological morbidities (e.g., anxiety, depression, suicidality and self-harm), and contribute to higher rates of discrimination, harassment, and physical violence.”

***“Restricting access to gender-affirming healthcare is discrimination.*** Gender-affirming medical interventions are not novel and have well-established used with cisgender youth for precocious puberty and conditions that result in underproduction of hormones. This provides support that these are safe interventions regardless of gender identity. Discriminatory practices, such as banning access to care or invoking “conscientious objection” to providing these important medical interventions, further perpetuate discriminatory attitudes towards TGD youth. Fear of discrimination in combination with systemic barriers to health care access, such as difficulty finding a provider trained in gender-affirming care or poor insurance coverage creates unnecessary risks for poor physical and mental health.”

### **American School Counselor Association**

[The School Counselor and Transgender and Nonbinary Youth](#)

Revised 2022

“School counselors work to safeguard the well-being of transgender and nonbinary youth. ***School counselors recognize all students have the right to be treated equally and fairly, with dignity and respect as unique individuals, free from discrimination, harassment and bullying based on their gender identity and gender expression... School counselors recognize the responsibility for determining a student’s gender identity rests with the student rather than outside confirmation from medical practitioners, mental health professionals or documentation of legal changes...School counselors promote affirmation, respect and equal opportunity for all individuals regardless of gender identity or gender expression.*** School counselors encourage a safe and affirming school environment and promote awareness of and education on issues related to transgender and nonbinary students.”

### **American Society of Plastic Surgeons**

[State Focus on Gender Affirmation Intensifies](#)

February 25, 2021

***“ASPS firmly believes that plastic surgery services can help gender dysphoria patients align their bodies with whom they know themselves to be and improve their overall mental health and well-being. In 2021, the Society has actively opposed legislation seeking to criminalize actions by physicians and guardians when minors receive gender affirmation surgery in Missouri, Montana and Alabama and is readying engagement in other states where the issue has emerged. ASPS will continue its efforts to advocate across state legislatures for full access to medically necessary transition care.”***

### **Association of American Medical Colleges (AAMC)**

#### **[AAMC Statement on Gender-affirming Health Care for Transgender Youth](#)**

April 9, 2021

“The AAMC is committed to ensuring access to high-quality care that treats all people, including transgender individuals, equally and with respect, and providing training to physicians and other health care professionals that is consistent with those values.

In medical decision making, the doctor-patient relationship must be paramount, and the needs of the patient must be given precedence. ***Efforts to restrict the provision of gender-affirming health care for transgender individuals will reduce health care access for transgender Americans, promote discrimination, and widen already significant health inequities.***

In addition to harming some of the most vulnerable patients, efforts to restrict care undermine the doctor-patient relationship and the principle that doctors are best equipped to work with patients and their families to arrive at shared decision-making.

***The AAMC is committed to improving the health of all people everywhere, and we will continue to oppose any effort to restrict the health care community’s ability to provide necessary care to any patient in need.”***

### **Endocrine Society and Pediatric Endocrine Society**

#### **[Endocrine Society condemns efforts to block access to medical care for transgender youth](#)**

April 14, 2021

***“The Endocrine Society opposes legislative efforts that do not conform to medical evidence and clinical practice to prevent transgender and gender diverse adolescents from accessing gender-affirming medical care...These policies criminalize physicians’ efforts to provide needed medical care and disregard widely accepted medical evidence and clinical practice guidelines. ‘The treatment of transgender and gender diverse youth should be governed by the best available medical evidence, not politics,’ said Joshua D. Safer, M.D., F.A.C.P., F.A.C.E., co-author of the Society’s Clinical Practice Guideline and position statement on transgender medicine. ‘When caring for transgender and gender diverse youth, physicians and mental health professionals must be able to freely practice and choose the best available treatment options in***

consultation with the patients and their parents, as they would when treating any other condition.”

### [Endocrine Society alarmed at criminalization of transgender medicine](#)

February 23, 2022

“The Endocrine Society condemns the directive by Texas Governor Greg Abbott ordering the Department of Family and Protective Services (DFPS) to investigate any reported instances of Texas children receiving gender-affirming care as “child abuse.” This policy rejects evidence-based transgender medical care and will restrict access to care for teenagers experiencing gender incongruence or dysphoria.”

***“Health care providers should not be punished for providing evidenced-based care that is supported by major international medical groups— including the Endocrine Society, American Medical Association, the American Psychological Association, and the American Academy of Pediatrics—and Clinical Practice Guidelines.”***

***“Medical evidence, not politics, should inform treatment decisions.*** We call on policymakers to rescind this directive and allow physicians to provide evidence-based care, including to prescribe medications to delay puberty.”

### [Transgender Health: An Endocrine Society Position Statement](#)

December 16, 2020

Endorsed and created in partnership with the Pediatric Endocrine Society

***“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.*** 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.”

### [Discriminatory policies threaten care for transgender, gender diverse individuals](#)

December 16, 2020

“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 course of gender-affirming treatment should be determined by patients and their health care providers, not by policymakers.***”

### **GLMA: Health Professionals Advancing LGBTQ+ Equality**

#### [Position Statement: Transgender Healthcare](#)

September 1, 2021

***“GLMA: Health Professionals Advancing LGBTQ+ Equality considers therapeutic treatments, including hormone therapy, mental health therapy, vocal therapy, hair removal,***



***and gender-affirming surgeries, as medically necessary for the purpose of gender-affirmation or the treatment of gender dysphoria or gender incongruence.*** These gender-affirming medical and surgical treatments should be covered by all public and private insurance plans.”

### **Helfer Society**

#### **[Position Statement of the Ray E. Helfer Society On Gender Affirming Care Being Considered Child Abuse and Neglect](#)**

February 2022

***“The Ray E. Helfer Society is an international, multi-specialty society of physicians having substantial research and clinical experience with all medical facets of child abuse and neglect. The physicians of the Ray E. Helfer Society have a great deal of experience working with governmental organizations investigating and protecting children suspected of suffering harm from child abuse and neglect. Along with many other organizations devoted to providing quality medical and mental health care for children, and in keeping with the joint statement of the American Academy of Pediatrics (AAP) the Texas Pediatric Society (TPS), and the Texas chapter of the American Academy of Pediatrics, the Ray E. Helfer Society opposes equating evidence based, gender affirming care for transgender youth with child abuse, and the criminalization of such care. The provision of medical and mental health care, consistent with the standard of care, is in no way consistent with our definitions of child abuse. The medical and mental health evaluation and management of these youth would be in no way enhanced, and likely harmed, by the involvement of a state child protection agency. We advocate for appropriate, scientifically sound medical care for transgender youth and resolutely oppose subjecting their families to threats of involvement in the child protection system or their medical providers to civil or criminal penalties merely for providing optimal treatment to these vulnerable youth.”***

### **National Association of Nurse Practitioners in Women’s Health (NPWH)**

#### **[Position Statement: Healthcare for Transgender and Gender Diverse Individuals](#)**

Originally published October 2017, Reaffirmed June 2022

***“NPWH continues to support initiatives to address the healthcare needs of transgender and gender diverse (TGD) individuals and the implementation of policies and strategies to reduce barriers to inclusive, quality healthcare for these populations. As an organization, NPWH opposes all forms of discrimination against individuals based on sexual orientation, gender expression, or gender identity and urges nurse practitioners (NPs) to speak out against discrimination, violence, and maltreatment of TGD individuals.”***

***“NPWH supports the role of women’s health nurse practitioners (WHNPs) in providing gender-affirming hormone therapy and pre- and post-gender-affirming surgical care for individuals...NPWH guidelines for practice and education includes recommended content on counseling and management of gender-affirming treatments to be included in educational curricula.”***

## National Association of Social Workers (NASW)

### [Gender-Affirming Health Care Saves Lives](#)

March 28, 2023

***“The National Association of Social Workers (NASW) asserts that discrimination and prejudice directed against any individuals on the basis of gender identity or expression are damaging to the social, emotional, psychological, physical and economic well-being of transgender and gender diverse (TGD) people and society as a whole.”***

“The unprecedented increase in legislation focused on TGD youth seeking affirming health care, the professionals who provide their medical care, and the families and social supports that offer resources to them is an unfortunate indicator of the lack of understanding and misinformation that currently exists.”

“NASW participates in coalitions with other professional associations and organizations to advocate for the civil rights of all people of diverse gender expression and identity. We recognize TGD people often experience multiple intersections of oppression based on racism, poverty, heterosexism, cissexism, ageism, ableism, and mental and behavioral health status. ***Our code of ethics requires that we challenge social injustice and respect the inherent dignity and worth of every person.***”

“Providing holistic care while honoring intersectionality is a foundational element of informed social work practice. ***To achieve health equity for all, we believe that trauma-informed care, gender-affirming care, and mental and behavioral health care should all be recognized as evidence-based and informed health care in our nation.***”

### [NASW Condemns Efforts to Redefine Child Abuse to Include Gender-Affirming Care](#)

February 25, 2022

***“NASW stands against all efforts to limit the fundamental civil liberties of transgender youth, and their access to essential health services. We must remain vigilant in guarding ourselves against this climate of fear and disinformation by remaining anchored to our professional and enduring commitment to respecting dignity and worth of the all people and to challenging the injustices that befall vulnerable and oppressed people.”***

“NASW stands in solidarity with transgender and gender expansive youth and their support systems, and will continue to advocate with our coalition partners, with our NASW-TX Chapter, and with all of our state and local chapters to uplift transgender rights as human rights.”

## National Commission on Correctional Health Care

### [Position Statement: Transgender and Gender Diverse Health Care in Correctional Settings](#)

Originally adopted October 18, 2009, Reaffirmed November 1, 2020

“Correctional leaders and health care and custody staff have a responsibility to ensure the physical and mental health and well-being of people in their custody; therefore, health staff

should evaluate and treat transgender patients in a manner that respects their unique transgender, medical, mental health, and psychosocial needs. *The National Commission on Correctional Health Care recommends... All incarcerated people, including those who are transgender, should receive comprehensive health care that is clinically and developmentally appropriate (for adolescents in particular), culturally sensitive, and offered through a nonjudgmental, gender-affirming approach.*"

### **The Society for Adolescent Health and Medicine (SAHM)**

#### **[SAHM Supports Protecting Access to Gender-Affirming Clinical Care for Transgender and Nonbinary AYA](#)**

August 2023

*"The Society for Adolescent Health and Medicine (SAHM) embraces our professional responsibility to ensure that all adolescents and young adults, including transgender and nonbinary youth, have access to health, equity, and well-being.* This responsibility includes protecting access to gender-affirming clinical care for transgender and nonbinary adolescents and young adults."

*"SAHM supports protecting access to gender-affirming clinical care for transgender and nonbinary adolescents and young adults...SAHM calls on community members, health professionals, institutional leaders, and policymakers to do all within their power to support and protect transgender and non-binary adolescents and young adults, their families, and the clinicians who serve them. **Recommendations to protect access to gender-affirming clinical care for transgender and nonbinary adolescents and young adults are the following:***

- 1. **Oppose restrictive laws and policies, coercive tactics, and targeted harassment campaigns that obstruct the provision of health care.***
- 2. Educate stakeholders and policymakers on the evidence supporting gender-affirming care and the centrality of adolescents and young adults and their families in making informed health decisions.*
- 3. Affirm health system-level commitments to provide health care for transgender and nonbinary adolescents and young adults by providing accurate information on gender-affirming care, using multiple platforms to battle misinformation, opposing the targeted harassment and intimidation of clinicians who provide gender-affirming care, and ensuring the safety of clinicians and clinical programs.*
- 4. **Call on policymakers to enact and implement protections to safeguard the personal security and professional careers of clinicians who provide gender-affirming care.***
- 5. Engage and mobilize community members to support legal protections for access to medically necessary gender-affirming care, hold elected officials accountable for policies that are contrary to evidence-based care, and expose lawmakers' coercive tactics forced upon clinicians, health systems, and insurers.*

#### **[Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth](#)**

June 2020

“Adolescent and young adult health-care providers often care for transgender and gender-diverse (TGD) youth—youth whose gender identity is incongruent with the gender assigned to them at birth. This patient population faces health challenges distinct from their cisgender peers (i.e., youth whose gender identity aligns with their assigned gender at birth), which include the health impacts from gender dysphoria and from societal stigma and discrimination. SAHM encourages adolescent and young adult health-care providers to receive training in providing culturally effective, evidence-based care for TGD youth; calls for more research on gender-affirming health care; and advocates for policies that protect the rights of TGD youth and minimize barriers to attaining healthcare. ***Consistent with other medical organizations, the Society for Adolescent Health and Medicine promotes the call for gender affirmation as a mainstay of treatment and is opposed to the notion that diversity in gender is pathological.***”

### **United States Professional Association for Transgender Health (USPATH)**

#### **[USPATH and WPATH Confirm Gender-Affirming Health Care is Not Experimental: Condemns Legislation Asserting Otherwise](#)**

March 22, 2023

“The United States Professional Association for Transgender Health (USPATH) and the World Professional Association for Transgender Health (WPATH) denounces the emergency regulation halting gender-affirming healthcare for transgender and gender diverse (TGD) children and adolescents issued by Missouri Attorney General Andrew Bailey as lacking scientific grounding.”

“The emergency regulation issued by Missouri Attorney General Andrew Bailey is based upon manipulated statistics, flawed reports, and incomplete data, and prevents the provision of medically necessary care. ***Medical decisions must remain between providers and patients and their families. Consistent with earlier statements, WPATH and USPATH condemn any legislative actions to restrict or prohibit access to gender-affirming health care.***”

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

April 22, 2022

***“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.”***

***“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.”***

## World Medical Association (WMA)

### [Statement on Transgender People](#)

October 2015

***“The WMA emphasises that everyone has the right to determine one’s own gender and recognises the diversity of possibilities in this respect. The WMA calls for physicians to uphold each individual’s right to self-identification with regards to gender.”***

***“The WMA urges that every effort be made to make individualised, multi-professional, interdisciplinary and affordable transgender healthcare (including speech therapy, hormonal treatment, surgical interventions and mental healthcare) available to all people who experience gender incongruence in order to reduce or to prevent pronounced gender dysphoria.”***

## World Professional Association for Transgender Health (WPATH)

### [Statement of Opposition to Legislation Banning Access to Gender-Affirming Health Care in the US](#)

March 8, 2023

***“Both the World Professional Association for Transgender Health (WPATH) and the US affiliate, the United States Professional Association for Transgender Health (USPATH), vehemently oppose the broad and sweeping legislation being introduced and ratified in states across the country to ban access to gender-affirming health care to transgender and gender diverse (TGD) people. WPATH’s long-standing Standards of Care for Transgender and Gender Diverse People, now in its eighth version (SOC8), explain in detail the science- and evidence-based benefits of gender affirming care for TGD people. Any legislation that restricts or prohibits access to this care is against best practice medical standards and is condemned by WPATH and USPATH.”***

***“All major medical associations including WPATH have supported the provision of gender-affirming care for TGD people as medically necessary care. **Global contributors of SOC8 participated in rigorous debate and methodology using the Delphi process to ratify science and evidence-based guidelines for care. Legislation that seeks to inhibit or restrict access to care are in direct contradiction to decades of research and numerous studies touting the overwhelming mental and physical health benefits of gender-affirming care for TGD people.”*****

