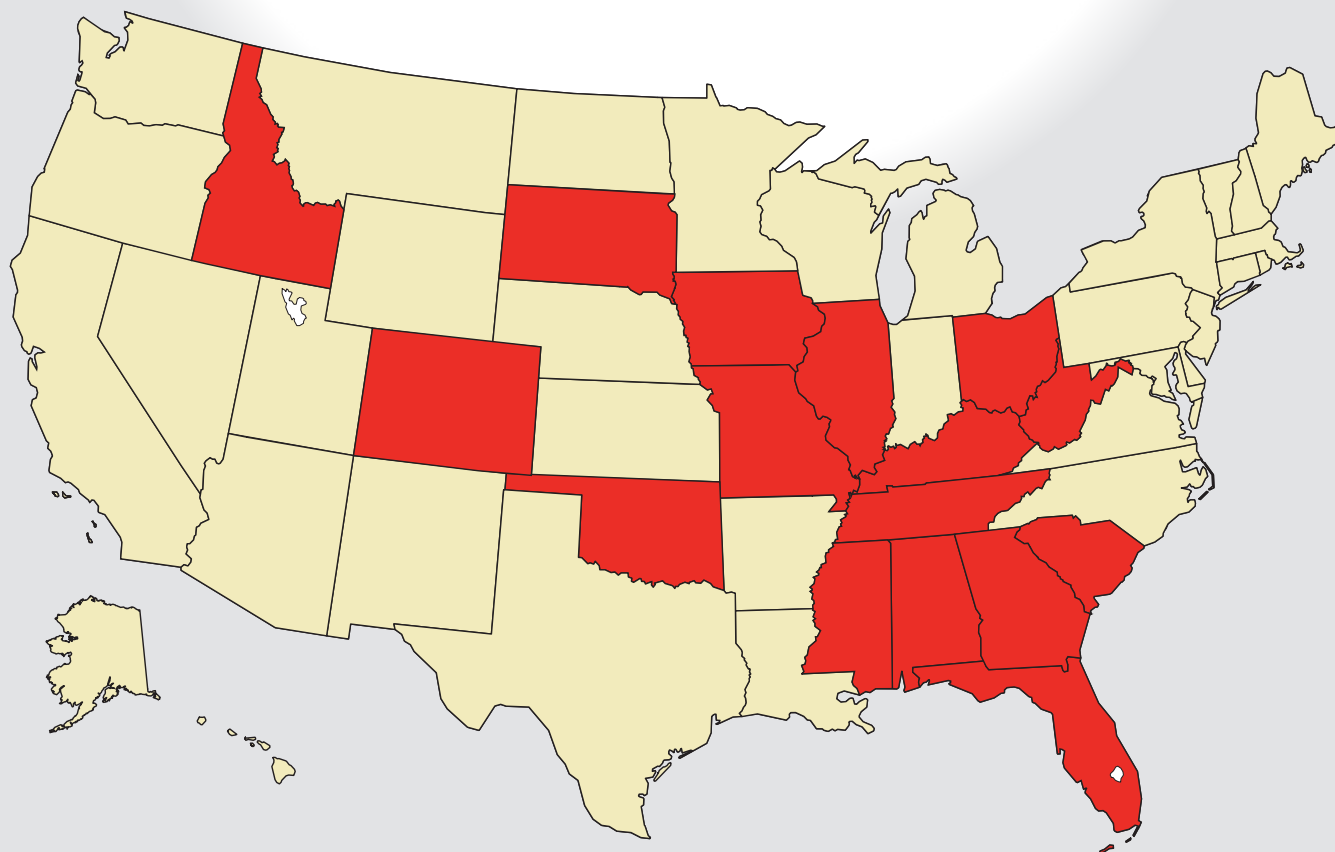


LGBTQ POLICY SPOTLIGHT: EFFORTS TO BAN HEALTH CARE FOR TRANSGENDER YOUTH



■ State has considered legislation in 2020 that would ban healthcare for transgender youth

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INTRODUCTION

Already in the 2020 state legislative session, at least 16 states have considered harmful bills that would ban best practice medical care for transgender youth, even though such treatment is medically necessary and often lifesaving for these youth (see *Figure 1*).^a Some of these bills would criminalize and imprison doctors who provide this medical care to transgender youth—and in some cases even charge and prosecute parents who support their transgender child with “abuse or neglect of a child,” as shown in *Figure 2* on the following page.^b

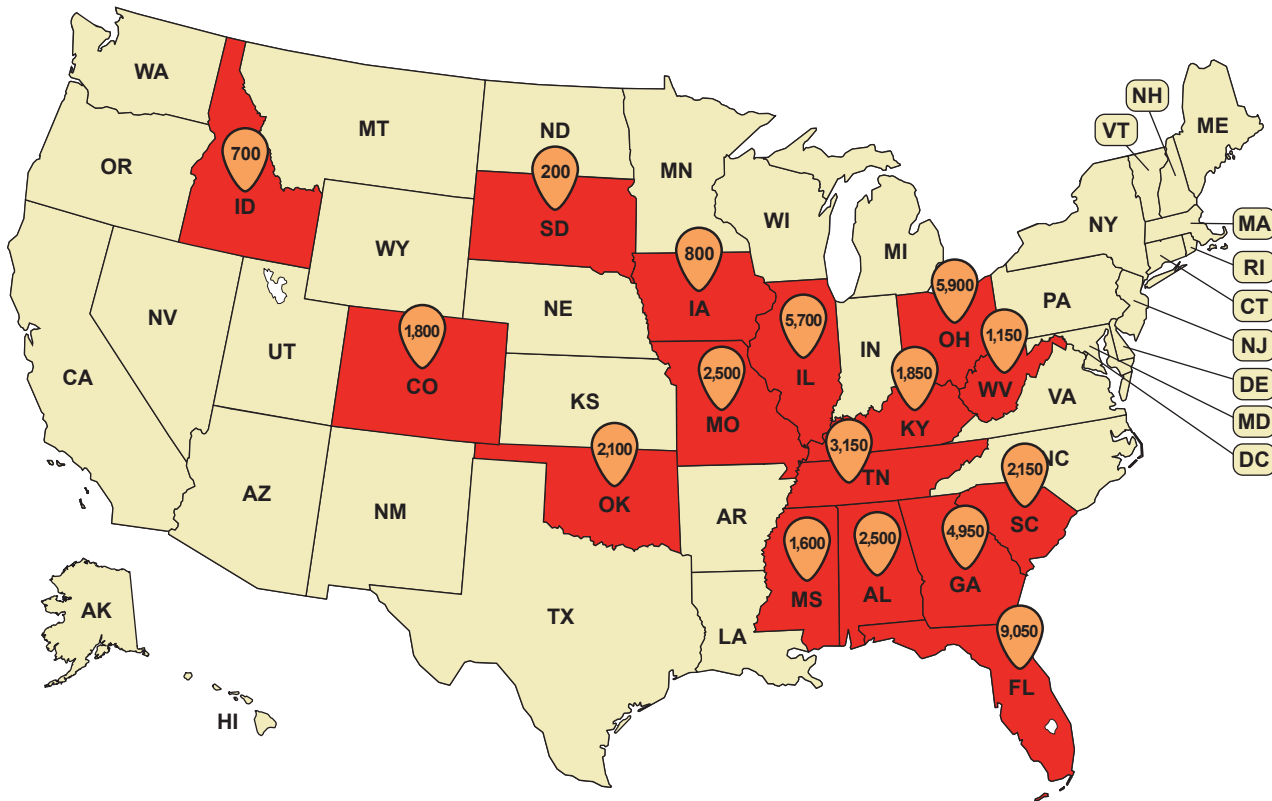
There are an estimated 46,100 transgender youth (ages 13-17) living in the states that are considering this type of legislation, as shown in *Figure 1*.^c Gender affirming health care can be lifesaving for transgender youth,¹ and it is supported by nearly every major medical association in the United States. This care ranges from consultations with pediatricians; appointments with psychologists, psychiatrists, and other mental healthcare

professionals; and, in some cases and only for those beginning to experience puberty, access to medications that delay the onset of puberty.

Transgender youth, their parents, and their healthcare professionals should be able to make decisions about individual care based on medical best practices and without the interference of legislators. What’s more, allowing legislators to decide which types of health care people can access sets a dangerous precedent. Medical standards exist to guide physicians, healthcare providers, insurance companies, and patients about best practices

^a Real-time tracking of anti-transgender legislation is available through the Equality Federation’s “Equality Tracker.”
^b For example, legislation in Florida and Kentucky would make it a criminal felony for doctors to provide medical care to transgender youth, and Missouri’s legislation would criminalize parents’ support of their transgender child by defining such support as felony child abuse or neglect. Oklahoma’s legislation would report any treatment of transgender minors to professional licensing boards for discipline, including license suspension or revocation.
^c Based on estimates from Herman et al’s (2017) *Age of Individuals Who Identify as Transgender in the United States*, The Williams Institute, using data from 2014. More recent national estimates from the CDC show even higher rates of youth identifying as transgender—meaning, there are likely far more than 46,100 transgender youth in the 16 states currently considering these harmful bills—but state-level estimates are not yet available.

Figure 1: The Health and Wellbeing of 46,000 Transgender Youth Is at Risk: States Considering Harmful Bills Banning Access to Health Care for Transgender Youth
 # of transgender youth (ages 13-17) in each state considering such a bill



Source: States that are considering or have considered bans to medical care for transgender youth in 2020 from the Equality Federation’s “Equality Tracker.” Numbers of transgender youth are from the Williams Institute’s estimates of transgender youth ages 13-17 in each state relying on data from the CDC, Herman et al’s (2017) *Age of Individuals Who Identify as Transgender in the United States*.

Figure 2: Proposed Legislation Would Criminalize Healthcare Providers For Providing Best Practice Medical Care
Examples of Penalties Under Proposed Legislation, as of February 26, 2020



Source: Analysis of legislation compiled by the Equality Federation's "[Equality Tracker](#)."

of care. Those decisions should be based on science and research—not dictated by legislators.

Ultimately these bills would cause real and lasting harm to transgender youth, their families, medical care providers, and would set a precedent that threatens the health and wellbeing of millions of people—including children—if they were to become law.

BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH

It can be hard to understand what it's like to have a transgender child, especially for people who have never met a person (or a child) who is transgender. But parents of transgender youth, like most parents, simply want to do what is best for their child, including giving their child

the best chance to thrive and be happy, and making sure their child has access to medical experts and best practice medical care when they need it.

According to the CDC, just under 2% of youth ages 13-17 identify as transgender,² and research shows that transgender youth understand both the idea of gender and their own internal sense of self at a very early age.³ For example, according to the Mayo Clinic, most children can recognize and label stereotypical gender groups by the time they are two years old, and they can recognize their own gender by the age of three.⁴ The American Academy of Pediatrics also shows that, by age four, most children have a stable sense of their own gender.⁵ This means that transgender youth likely also know their own gender, even from a young age.

When children express an understanding of their gender that may not match their sex assigned at birth, there are clear standards and best practices for medical care already in place, under a widely-recommended and research-backed method known as the “gender-affirmative care model.” This model refers to set of medical best practices and recommendations for transgender youth that centers on affirming and supporting a child’s gender identity and expression with guidance from medical experts. For example, if a child says they want to cut their hair or wear different clothing, then they should be allowed to do so. None of these behaviors necessarily means that a youth is transgender, but adult understanding and support allow youth a safe environment to think about and understand their own gender.⁶ For transgender children, those who are “insistent, persistent, and consistent” about their gender identity over time, the affirming model of medical care can include beginning to live consistently as the gender they know themselves to be. For example, while each child and family has their own unique experiences, many parents report that from a young age, their transgender child has been very clear about their own gender (“insistent”), such as expressing that they are or want to be a girl, and that their expression of those feelings has been generally “consistent” and has held over a long period of time (“persistent”). Supporting transgender youth can include choosing a name and pronoun that better reflects their gender, changing hair length or style, wearing different clothes or styles, and participating in activities or using facilities in accordance with their gender.⁷

For younger children, parents typically work closely with therapists, peer support groups, school and childcare providers, healthcare providers, and others as a child navigates living in accordance with their gender.⁸

Despite claims to the contrary, it is only once transgender youth enter adolescence that hormone-related medical care may become one potential part of their recommended care. At this stage, some transgender youth—in consultation with their doctor and family—may choose to take medication that temporarily delays puberty.^d Again, despite claims to the contrary, this medication is safe and the effects are not permanent but simply put puberty “on pause.” If a youth chooses to stop taking this medication, puberty resumes and there is no impact on an individual’s future ability to have children (though because this medication requires parental and child/patient consultation with

both physicians and mental healthcare professionals, these instances are extremely rare).

Why is this medication so important? Delaying puberty serves several important purposes for transgender youth.⁹ First, this practice effectively buys time so that transgender adolescents can gain an even deeper understanding of who they are and wait to make decisions about physical or medical transition until a later time. Second, for children who are transgender, experiencing puberty and its related

“In a gender-affirmative care model [GACM], pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth’s gender experience. A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment... The GACM is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families. Providers work together to destigmatize gender variance, promote the child’s self-worth, facilitate access to care, educate families, and advocate for safer community spaces where children are free to develop and explore their gender.”

Source: American Academy of Pediatrics, Policy Statement: “Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents,” October 2018.

The gender-affirmative care model has been recommended by nearly every major American medical association, including the [American Academy of Pediatrics](#), the [American Medical Association](#), the [American Psychological Association](#), the [American College of Osteopathic Pediatricians](#), the [Endocrine Society](#), the [World Professional Association for Transgender Health \(WPATH\)](#), and the [American College of Obstetricians and Gynecologists](#).^e

^d These medications are known as gonadotropin-releasing hormone (GnRH) analogues. Only while these medications are being taken, they temporarily suppress the release of estrogen and testosterone into the body, which in turn delays the development of, for example, breast tissue or facial hair.

^e Katelyn Burns. 2019. “What the battle over a 7-year-old trans girl could mean for families nationwide.” November 11. Vox.com.

changes can add to or intensify already-existing feelings of distress and discomfort in their own bodies. Medication can therefore help protect these youth's mental and emotional wellbeing. Third, puberty's effects can make physical transition more difficult for those transgender people who do later choose to physically transition. For example, a transgender youth who wishes to live as the girl she knows herself to be but who has undergone puberty may now have to contend with a deepened voice, broadened shoulders, facial hair, or other characteristics related to puberty.

It should be no surprise then that medical research shows that transgender people who received puberty-delaying medical care during their youth were significantly less likely to have suicidal thoughts and behaviors, compared to transgender people who wanted this medication but did not receive it—even after controlling for other factors, including family support.¹⁰ In short, providing this essential medical care is a best practice that saves lives.

ALLOWING POLITICIANS TO BAN BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH IS DANGEROUS

Bills that seek to criminalize best practice medical care for transgender youth would cause real and direct harm to the health and wellbeing of transgender youth. Research clearly shows that denying transgender youth access to the support and health care they need would only increase the likelihood that transgender youth experience depression, isolation, and risk of self-harm or suicidal thoughts or behavior.¹¹ Despite the clearly established, research-backed, and widely-endorsed medical best practices for transgender youth, the proposed bills would tie the hands of healthcare professionals and parents and criminalize such care.

Politicians should not be making decisions that not only prevent transgender youth from getting the medical care they need, but that also directly contradict established medical best practices.

What's more, allowing access to best practice medical care to be dictated by the personal beliefs of politicians, rather than based in rigorous science and the expert judgement of medical professionals, sets a dangerous precedent. Americans have a wide range of beliefs about everything from vaccines and nutrition to blood

transfusions and efforts to prevent transmission of sexually transmitted infections. Yet professional associations such as the American Medical Association and the National Association of Social Workers develop best practices and guidelines for medical care based on careful consideration of science and research. They use those guidelines in a case-by-case basis and in consultation with patients, and in the case of youth, consultation with their families, to determine the best course of action. When lawmakers disregard medical best practices and tie the hands of healthcare professionals, it's contrary to public health and wellbeing. It opens the door to even more obstacles to people accessing the health care they already need and often struggle to access.

CONCLUSION

Despite the research-backed best practices and recommendations of every major medical organization, many state legislatures will or are expected to consider legislation in 2020 that would criminalize best practice medical care for transgender youth. These bills reflect a fundamental misunderstanding of transgender people, and would cause significant and lasting harm to transgender youth, their families, their medical providers, and the broader community as a whole. It could also cost transgender youth their lives.

Transgender children and youth are part of our communities and families. Just as all children need love and support from family, schools, and healthcare providers, the same is true for transgender children. Decisions about best practice medical care are best left between a physician, a youth, and their parents. Politicians shouldn't get to decide.

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ABOUT THIS SPOTLIGHT

This report is part of an ongoing series that will provide in-depth analyses of laws and policies tracked at the Movement Advancement Project’s “Equality Maps,” found at www.lgbtmap.org/equality-maps. The information in this report is current as of the date of publication; but the [online maps](#) are updated in real time as policy changes occur.



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