



## 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.

<u>Click here for an additional WPATH Statement in Response to Calls for Banning Evidence-Based</u> 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

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

Yadegarfard 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

**WPATH Board of Directors** 

President

Vin Tangpricha, MD, PhD

**President-Elect** 

Walter Pierre Bouman, MD, PhD

Secretary

Randi Ettner, PhD

**Treasurer** 

Baudewijntje Kreukels, PhD

Immediate Past-President

Gail Knudson, MD, MEd, FRCPC

**BOARD OF DIRECTORS** 

Tamara Adrian, JD

Marci Bowers, MD

Tone Maria Hansen, MSN

Ren Massey, PhD

Asa Radix, MD, PhD, MPH

Loren Schechter, MD

Jaimie Veale, PhD

**EPATH Representative** 

Walter Pierre Bouman, MD, PhD

**USPATH Representative** 

Erica Anderson, PhD

**GEI Representative (Ex-Officio)** 

Lin Fraser, EdD

**Student Representative (Ex-Officio)** 

Penelope Strauss, BA, MPH

**USPATH Board of Directors** 

President

Erica Anderson, PhD

President-Elect

Madeline Deutsch, MD, MPH

Secretary/Treasurer

Emilia Lombardi, PhD

**Immediate Past-President** 

Joshua Safer, MD, FACP

**BOARD OF DIRECTORS** 

Dana (Thomas) Bevan, PhD John Capozuca, PhD

Lisa Griffin, PhD

Johanna Olson-Kennedy, MD, MS

Asa Radix, MD, PhD, MPH

**Student Representative** 

Nova Bradford, BA

**STAFF** 

**Executive Director** 

Sue O'Sullivan; sue@wpath.org

**Executive Director of Global** 

**Education & Development** 

Donna Kelly; donna@wpath.org

**Deputy Executive Director** 

Blaine Vella; blaine@wpath.org

**Communications Director** 

Jamison Green;

jamison@veritasmeetingsolutions.co

m