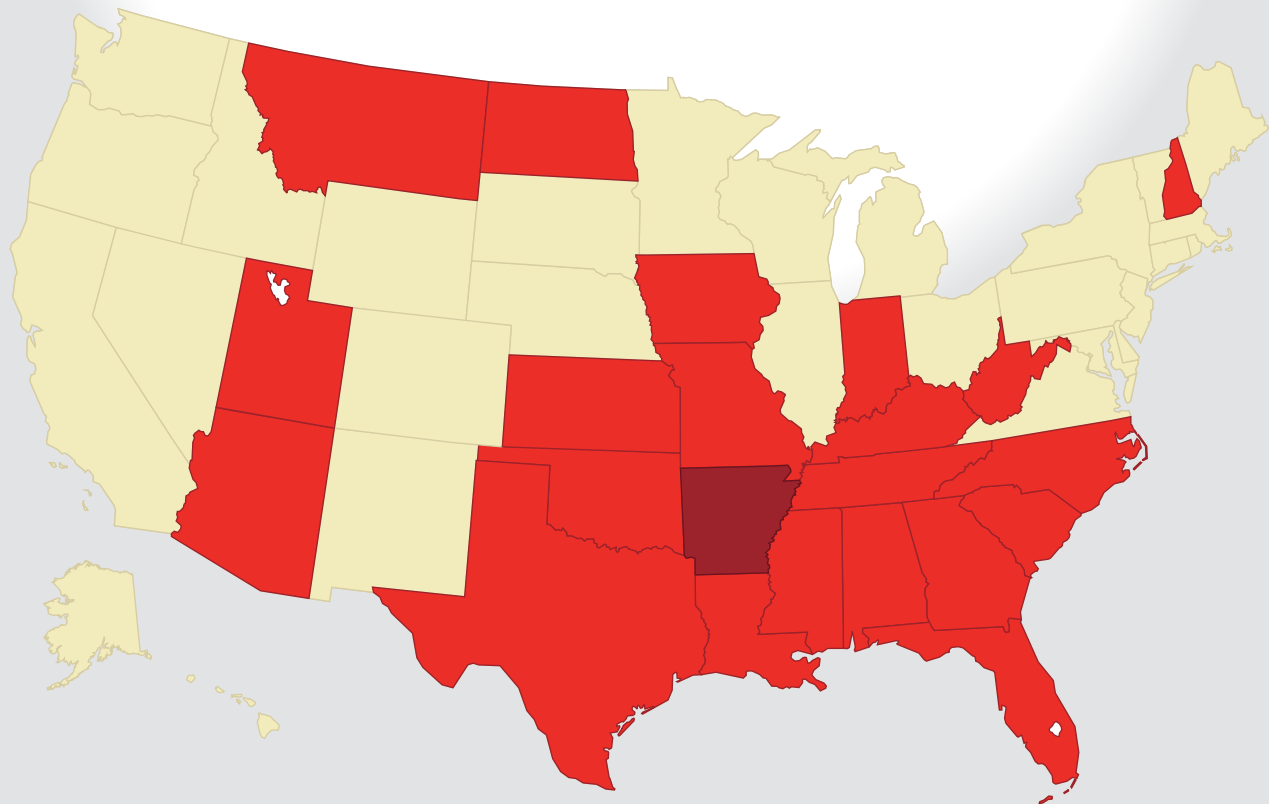


LGBTQ POLICY SPOTLIGHT: EFFORTS TO BAN HEALTH CARE FOR TRANSGENDER YOUTH



U.S. Territories

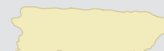
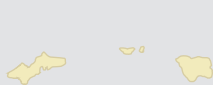
American Samoa

Commonwealth of the Northern Mariana Islands

Guam

Puerto Rico

U.S. Virgin Islands



■ State has considered legislation in 2021 that would ban best practice medical care for transgender youth (21 states) ■ State has passed law in 2021 that bans best practice medical care for transgender youth (1 state)

As of 4/15/2021

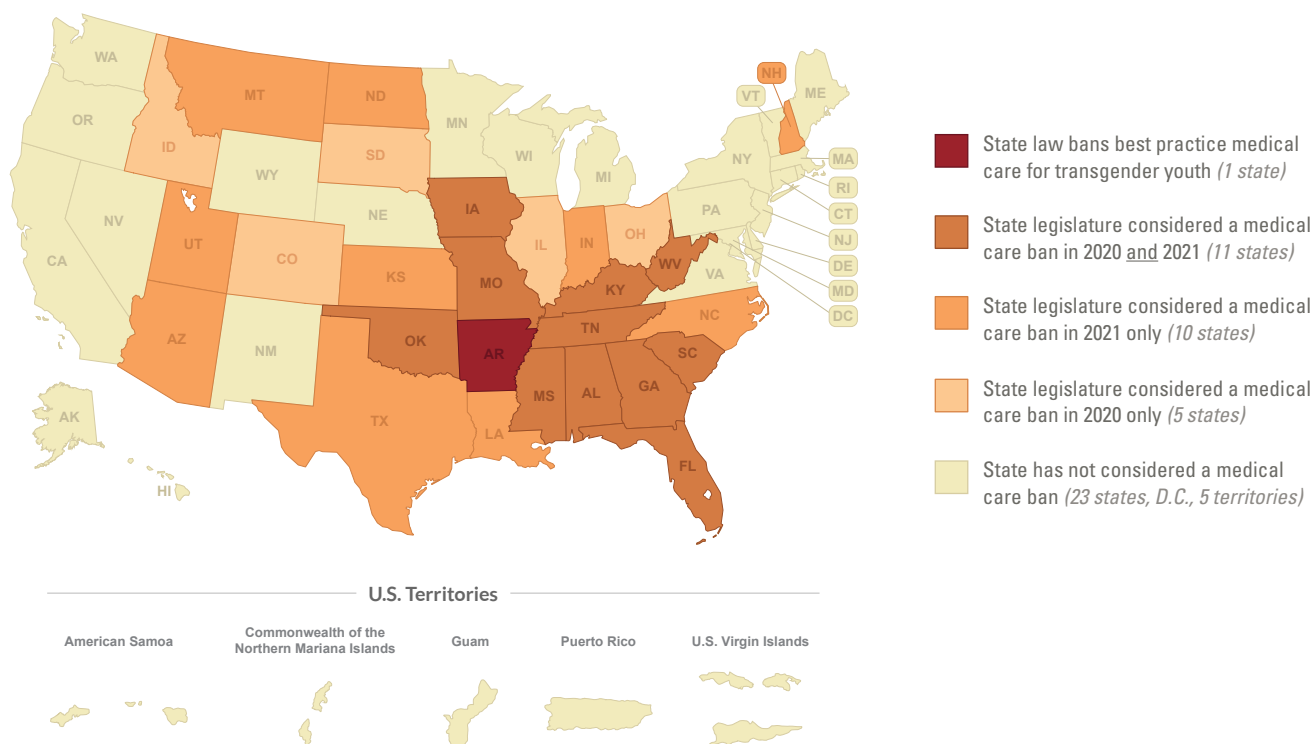
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KEY TAKEAWAYS

- **In 2021, at least 22 states have considered legislation that would ban best practice medical care for transgender youth.** In April 2021, Arkansas became the first state to pass such a ban into law, with the legislature overriding the governor's veto of the bill.
- **These bills represent one of the most extreme political attacks on transgender people in recent memory.** Not only do they display a fundamental lack of understanding about transgender children, but they also ban best practice medical care for transgender youth that is backed by the American Academy of Pediatrics, the American Medical Association, and other leading health authorities.
- **Best practice medical care for transgender youth simply delays puberty until young people are old enough to make their own decisions about their lived gender.** These bills aim to take away their choices and to prevent them from having the chance to live as the gender they know they are.
- **Denying best practice medical care and support to transgender youth can be life-threatening.** It has been shown to contribute to depression, social isolation, self-hatred, risk of self-harm and suicidal behavior, and more. Research shows that transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 46% decrease in suicide attempts, and significant increases in self-esteem and general health.¹
- **Transgender children, like any children, have the best chance to thrive when they are supported and can get the health care they need.** These bills would take that away from transgender youth.
- **Ultimately, medical decisions are best left to patients, their families, and their healthcare providers, in accordance with medical best practices.** Politicians shouldn't interfere in these decisions.

Figure 1: Over Half of States Have Considered Banning Best Practice Medical Care for Transgender Youth
States that considered (or passed) a medical care ban in 2020, 2021, or both



Note: Arkansas first considered a medical care ban in 2021 and became the first state to pass such a law.

Source: Based on the Equality Federation's "Equality Tracker" for 2020 and 2021 state legislative sessions. Data as of 4/15/2021.

EFFORTS TO BAN HEALTH CARE FOR TRANSGENDER YOUTH

Legislation to ban best practice medical care for transgender youth represents one of the most extreme—and coordinated—political attacks on transgender people in recent years. These harmful bills would prevent transgender youth from accessing best practice medical care, even though such treatment is medically necessary and often lifesaving.² Since the first bill of this kind was introduced in early 2020, more than half of states have considered this kind of harmful legislation (see *Figure 1* on previous page).

Prior to 2020, not a single state had considered such legislation, as shown in *Figure 2*. In the 2020 legislative session, 16 states considered these bills, though none passed. In 2021, however, and **despite the ongoing COVID-19 pandemic, even more states are seeking to deny vital medical care to transgender youth,** with at least 22 states that have considered or are considering these extreme bills (see *Figure 2* or *Figure 3* on the next page).^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 *Table 1* on page 4.^b

In April 2021, Arkansas became the first state to pass a ban on best practice medical care for transgender youth into law, overriding the Republican governor’s veto to do so. The Arkansas law forbids any healthcare professional from providing gender-affirming care to youth, and further prevents them from giving referrals for such care. Providers who violate the law are subject to disciplinary action from their licensing board (including the potential loss of their license), and further can be sued in civil court. The Arkansas law also prevents any private insurer from covering the costs of gender-affirming care for minors, and it also allows private insurers to refuse to cover such care for adults.

There are an estimated 64,700 transgender youth (ages 13-17) living in the states that are considering this type of legislation in 2021, as shown in *Figure 3*.^c Gender affirming health care can be lifesaving for transgender youth, and it is supported by every major medical association in the United States. This care, discussed in further detail in the next section, ranges from consultations with pediatricians; appointments with psychologists, psychiatrists, and other mental healthcare

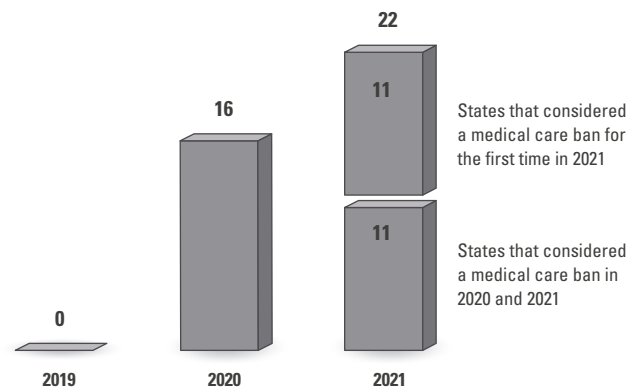
professionals; and, in some cases, access to medications that temporarily delay the onset of puberty).

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 politicians. What’s more, allowing politicians 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 of care. Those decisions should be based on science and research—not dictated by politicians.

Ultimately these bills would cause real and lasting harm to transgender youth, their families, and medical care providers, if they were passed into law. In Arkansas, medical providers are already reporting on the added mental and emotional distress their young transgender patients are experiencing as a result of this new law.³

These harmful efforts set a precedent that threatens the health and wellbeing of millions of people—including children.

Figure 2: A Growing Number of States are Considering Banning Best Practice Medical Care for Transgender Youth



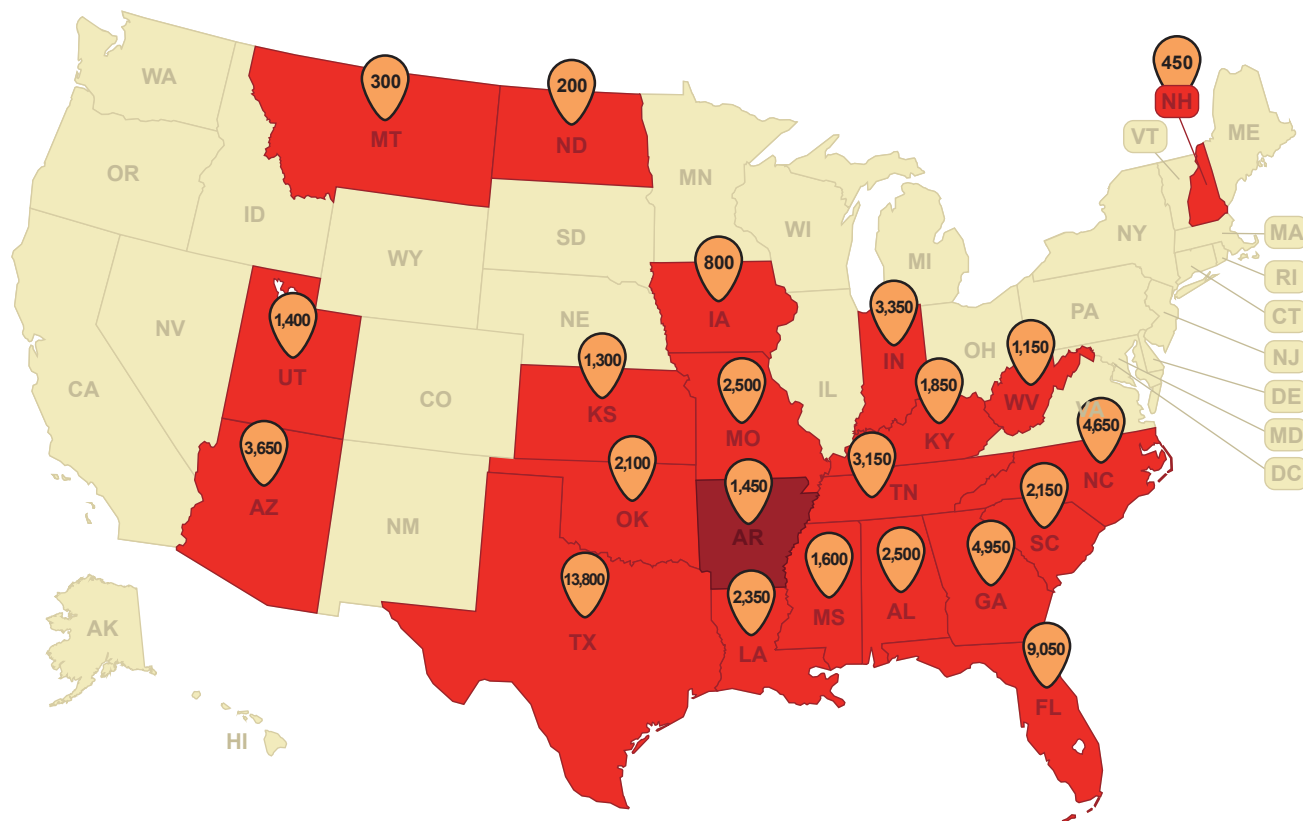
Source: Based on the Equality Federation’s “Equality Tracker” for 2020 and 2021 state legislative sessions. Data as of 4/15/2021.

^a Real-time tracking of anti-transgender legislation is available through the Equality Federation’s “Equality Tracker.”

^b For example, legislation in Arizona and Oklahoma would make it a criminal felony for doctors to provide medical care to transgender youth—with Oklahoma’s bill even allowing sentences of life in prison—while legislation in New Hampshire and Texas would criminalize parents’ support of their transgender child by defining such support as child abuse or neglect. The law in Arkansas, as well as bills in Iowa, Missouri, and elsewhere, would report any treatment of transgender minors to professional licensing boards for discipline, including potential (and sometimes required) 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 64,700 transgender youth in the 22 states currently considering these harmful bills—but state-level estimates are not yet available.

Figure 3: The Health and Wellbeing of More Than 64,700 Transgender Youth Are at Risk: States Considering Harmful Bills Banning Access to Health Care for Transgender Youth
 Number of transgender youth (ages 13-17) in each state considering a medical care ban in 2021








U.S. Territories



Note: This is a minimum estimate of the number of transgender youth who would be affected by these bills, for at least two reasons. Transgender youth under the age of 13 would also be impacted by these bills, but reliable data about the number of transgender youth is currently only available for those ages 13-17. Additionally, some states' bills extend the definition of "minor" to those under 19 or under 21, expanding the harm to even more transgender young people.

Source: States that are considering or have considered bans on best practice medical care for transgender youth in 2021 from the Equality Federation's "Equality Tracker." Map current as of April 15, 2021. Population estimates of transgender youth (ages 13-17) from Herman et al's (2017) *Age of Individuals Who Identify as Transgender in the United States*, based on data from the Centers for Disease Control and Prevention (CDC).

**Table 1: Proposed Legislation Would Criminalize Healthcare Providers—And Sometimes Parents—
for Providing Best Practice Medical Care to Transgender Youth**
Examples of Penalties Under Legislation Proposed in 2021

	Charging Healthcare Providers with a Crime, Including Felony 	Revoking Professional License or other Disciplinary Actions 	Charging Healthcare Providers with Fines or Civil Penalties 	Creating a Civil Action, Allowing Individuals to Sue Medical Providers 	Consequences for Parents, Including Being Charged With Criminal Child Abuse 
Alabama	✓				✓
Arkansas	✓	✓		✓	
Arizona	✓				
Florida	✓				
Georgia	✓	✓			
Iowa		✓	✓	✓	
Indiana	✓	✓		✓	
Kansas	✓				
Kentucky		✓		✓	
Louisiana	✓		✓	✓	
Missouri		✓			✓
Mississippi		✓	✓		
Montana		✓	✓	✓	
North Carolina		✓	✓	✓	
New Hampshire					✓
Oklahoma	✓	✓	✓		✓
South Carolina	✓				✓
Tennessee	✓	✓		✓	✓
Texas	✓	✓			✓
Utah		✓			
West Virginia	✓		✓		

Note: Interpretation or application of each bill's penalties may vary, and any felony ban could have implications for parents and transgender youth themselves. This table is not definitive nor is it legal advice. Additionally, many states are considering or have considered multiple medical care bans, which sometimes differ in their penalties. A column is checked if at least one bill in that state has that penalty. North Dakota's bill does not specify a penalty so is not included here.

Source: MAP review of 2021 bills identified by the Equality Federation's "Equality Tracker." Data as of 4/15/2021.

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,⁴ and research shows that transgender youth understand both the idea of gender and their own internal sense of self at a very early age.⁵ 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.⁶ The American Academy of Pediatrics also shows that, by age four, most children have a stable sense of their own gender.⁷ 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 a set of best practices and recommendations for medical providers, parents, and caregivers of transgender youth. **These recommendations center 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.⁸

For transgender children, those who are “insistent, consistent, and persistent” 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

“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 affirming 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 [Endocrine Society](#), the [World Professional Association for Transgender Health \(WPATH\)](#), the [American College of Obstetricians and Gynecologists](#), and many others.

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

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.⁹

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.¹⁰

Despite claims to the contrary, it is only once transgender youth enter puberty 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.

Why is this medication so important? Delaying puberty serves several important purposes for transgender youth.¹¹ First, this practice effectively buys time so that transgender adolescents can gain an even deeper understanding of who they are and wait to make further decisions until a later time. Second, for children who are transgender, experiencing puberty and its related changes can add to or intensify already-existing feelings of distress and discomfort in their own bodies. Medication can therefore help protect their 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.

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.¹² **In short, providing this essential medical care is a best practice that saves lives.**

Research shows that trans youth with supportive families experience:

52% decrease in recent suicidal thoughts

46% decrease in suicide attempts

Significant increases in self-esteem and general health

Source: Ryan et al. 2010. “Family Acceptance in Adolescence and the Health of LGBT Young Adults.” *Journal of Child and Adolescent Psychiatric Nursing* 23(4): 205-213.

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

Bills that seek to ban or 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 may experience depression, isolation, and risk of self-harm or suicidal thoughts or behavior.¹³ Despite the 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 in many cases would even criminalize such care.

Politicians should not be preventing transgender youth from getting the medical care they need. **Patients and their health care providers—not politicians—should decide what medical care is in the best interest of a patient, in accordance with current medical best practices and recommendations.**

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.**

^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 puberty.

CONCLUSION

Despite the research-backed medical best practices and recommendations of every major medical organization, at least 22 state legislatures are considering legislation in 2021 that would criminalize best practice medical care for transgender youth, and one state has already passed such a ban into law. These bills reflect a fundamental misunderstanding of transgender people, and the bills' denial of best practice medical care and support to transgender youth can be life-threatening. Research shows that denying care contributes to depression, social isolation, risk of self-harm and suicidal behavior, and more. In short, these efforts to ban best practice medical care for transgender youth would cause significant and lasting harm to transgender youth, their families, their medical providers, and the broader community as a whole.

Transgender youth are part of our communities. Transgender children, like any children, have the best chance to thrive when they are supported and can get the health care they need. These medical care bans are a political attack on these children. Decisions about health care should be made in accordance with current medical best practices, and those decisions should be made by transgender youth, their parents, and their health care providers—not by politicians.

REFERENCES

- ¹ Caitlin Ryan, Stephen Russell, David Huebner, Rafael Diaz, & Jorge Sanchez. 2010. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." *Journal of Child and Adolescent Psychiatric Nursing* 23(4): 205-213. Comparing youth in high-acceptance families to low-acceptance families (Table 1).
- ² Jack Turban, Dana King, Jeremi Carswell, and Alex Keuroghlian. 2020. "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation." *Pediatrics* 145(2)e20191725. DOI: 10.1542/peds.2019-1725.
- ³ Amanda Arnold. 2021. "Arkansas Has Now Passed the Most Extreme Anti-Trans Law Yet." *The Cut*, April 6.
- ⁴ MM Johns, R Lowry, J Andrzejewski, et al. 2019. "Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017." *MMWR* 68:67–71.
- ⁵ The Mayo Clinic. 2017. "Children and gender identity: Supporting your child." Rochester, MN: The Mayo Clinic. Accessed January 2020; Jason Rafferty. 2018. "Gender Identity Development in Children." HealthyChildren.org, American Academy of Pediatrics. Accessed January 2020; Anne Fast and Kristina Olson. 2018. "Gender Development in Transgender Preschool Children." *Child Development* 89(2): 620-637. doi.org/10.1111/cdev.12758. Katelyn Burns. 2019. "What the battle over a 7-year-old trans girl could mean for families nationwide." November 11. Vox.com; Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.
- ⁶ The Mayo Clinic. 2017. "Children and gender identity: Supporting your child." Rochester, MN: The Mayo Clinic. Accessed January 2020.
- ⁷ Jason Rafferty. 2018. "Gender Identity Development in Children." HealthyChildren.org, American Academy of Pediatrics. Accessed January 2020.
- ⁸ Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.
- ⁹ Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.
- ¹⁰ Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.
- ¹¹ Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.; World Professional Association for Transgender Health (WPATH). 2011. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. 7th Version.
- ¹² Jack Turban, Dana King, Jeremi Carswell, and Alex Keuroghlian. 2020. "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation." *Pediatrics* 145(2)e20191725. DOI: 10.1542/peds.2019-1725.
- ¹³ Jack Turban, Dana King, Jeremi Carswell, and Alex Keuroghlian. 2020. "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation." *Pediatrics* 145(2)e20191725. DOI: 10.1542/peds.2019-1725. Caitlin Ryan, Stephen Russell, David Huebner, Rafael Diaz, and Jorge Sanchez. 2010. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." *Journal of Child and Adolescent Psychiatric Nursing* 23(4): 205-213.

RECOMMENDED READING & ADDITIONAL RESOURCES

Advancing Acceptance Campaign. 2019.

Burns, Katelyn. November 2019. "What the battle over a 7-year-old trans girl could mean for families nationwide." Vox.com.

Family Acceptance Project. 2009. *Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children*. San Francisco State University.

Human Rights Campaign Foundation, American Academy of Pediatrics, and American College of Osteopathic Pediatricians. 2016. *Supporting & Caring for Transgender Children*. Washington, D.C.

MAP. 2019. *Talking About Family Acceptance & Transgender Youth*. *Talking About LGBT Issues* series.

World Professional Association for Transgender Health (WPATH). 2011. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. 7th Version.

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.



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