AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 223
(A-23)

Introduced by: The Endocrine Society, American Association of Clinical Endocrinology, American Society for Reproductive Medicine

Subject: Protecting Access to Gender Affirming Care

Referred to: Reference Committee B

Whereas, Gender-affirming care is defined by the United States Department of Health and Human Services as a "supportive form of healthcare" consisting of "an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people"[1]; and

Whereas, Gender incongruence refers to when the gender identity of a person does not align with the gender assigned at birth, and gender dysphoria is a condition in which a person with gender incongruence experiences significant burden associated with DSM classification; people experiencing gender incongruence and/or gender dysphoria may or may not identify as transgender or non-binary[2]; and

Whereas, World Professional Association for Transgender Health (WPATH) establishes standards of care for children and adolescents that allow for puberty suppressing hormones (a fully reversible intervention) at onset of puberty, hormone replacement therapy for adolescents who have begun the physical changes of puberty, and limited gender-affirming surgical treatments in some cases[3]; and

Whereas, The Endocrine Society recommends that gender-affirming hormone therapy, which is partially reversible, be offered to adolescents who continue to demonstrate gender incongruence with pubertal hormone suppression, and who demonstrate the ability to provide informed consent, usually beginning at 16 years old[4]; and

Whereas, The American Academy of Pediatrics (AAP) states that gender-affirming medical care for gender-diverse and transgender adolescents may include puberty blockers during puberty and/or cross-sex hormone therapy from early adolescence onward[5]; and

Whereas, Data from the AAP showed that 50% of transgender male teens, 30% of transgender female teens, and 42% of nonbinary youth reported attempting suicide in their lifetime[6]; and

Whereas, Studies of transgender and non-binary youth and adults show that those receiving gender-affirming hormone therapy or puberty blockers have decreased anxiety and depression symptoms, reduced suicidality, and increased appearance congruence, positive affect, and life satisfaction[7-10]; and

Whereas, The ACLU is currently tracking several hundred anti-LGBTQ bills in the United States, many of which are targeted towards transgender youth and directly outline, ban, and/or criminalize gender-affirming medical and surgical procedures, name them as child abuse, prohibit physicians from providing said procedures by subjecting them to felony charges and/or

other legal repercussions, and/or deny public funding or insurance coverage for their provision[11,12]; and

Whereas, As of April 2023, laws that prohibit or restrict access to gender-affirming care for transgender youth have already passed at the state-level in twelve states, and Florida has banned gender-affirming care for minors via votes of the Florida Board of Medicine and Florida Board of Osteopathic Medicine[12-14]; and

Whereas, Some proposed bills extend restrictions on gender-affirming care to include transgender young adults up to 21-26 years old in addition to transgender minors and/or effectively ban gender affirming care for all adults by restricting reimbursement for providers or prohibiting coverage with public funds[15-17]; and

Whereas, The Human Rights Campaign reports that over half of transgender youth, ages 13 to 17, have lost or are at risk of losing access to medically necessary gender-affirming care in their state[18]; and

Whereas, Surveys of transgender and gender-diverse youth and parents of these youth show that debates about the rights of transgender people and proposed legislation restricting access to gender-affirming care have negatively impacted mental health and led to increased discrimination for youth[19,20]; and

Whereas, Several states, including Minnesota, Illinois, New Mexico, Vermont, and New Jersey, have enacted bills or policies that protect physicians and patients providing and receiving gender-affirming care and/or declared themselves as “safe haven” states, and several other states have similar bills being introduced[21,22]; and

Whereas, In 2022, Boston Children’s Hospital and Akron Children’s Hospital received threats of violence due to the fact that these hospitals provide gender-affirming care for youth, and the AMA and AAP spoke out against these instances[23-25]; and

Whereas, Several other medical organizations, including the American Academy of Child and Adolescent Psychiatry, American College of Physicians, American Psychiatric Association, American Psychological Association, Endocrine Society, and Pediatric Endocrine Society, have spoken against these bills restricting gender-affirming care for transgender youth[26-31]; and

Whereas, Over the last few years, the AMA has written several correspondences to state governments and the National Governors Association to oppose legislative efforts to restrict and criminalize gender-affirming care for minors[32-38]; and

Whereas, The American Medical Association supports “treatment models for gender diverse people that promotes informed consent, personal autonomy, increased access for gender affirming treatments and eliminates unnecessary third party involvement outside of the physician-patient relationship in the decision making process” (AMA Policy H-140.824); therefore be it

RESOLVED, That our American Medical Association work with state and specialty societies and other interested organizations to oppose any and all criminal and other legal penalties against patients seeking gender-affirming care and against parents and guardians who support minors seeking and receiving gender-affirming care; including the penalties of loss of custody and the inappropriate characterization of gender-affirming care as child abuse (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for protections from violence, criminal or other legal penalties, adverse medical licensing actions, and liability, including responsibility for future medical costs, for (a) healthcare facilities that provide gender-affirming care; (b) physicians and other healthcare providers who provide gender-affirming care; and (c) patients seeking and receiving gender-affirming care (Directive to Take Action); and be it further

RESOLVED, That our AMA work with state and specialty societies and other interested organizations to advocate against state and federal legislation that would prohibit or limit gender-affirming care (Directive to Take Action); and be it further

RESOLVED, That our AMA work with other interested organizations to communicate with the Federation of State Medical Boards about the importance of preserving gender-affirming care despite government intrusions (Directive to Take Action); and be it further

RESOLVED, That our AMA amend policy H-185.927, "Clarification of Medical Necessity for Treatment of Gender Dysphoria," by insertion and deletion as follows:

> **Clarification of Medical Necessity for Treatment of Gender Dysphoria, H-185.927**
> Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria and gender incongruence, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice; (2) will advocate for federal, state, and local policies to provide medically necessary care for gender dysphoria and gender incongruence; and (3) ~~opposes the criminalization and otherwise undue restriction of evidence-based gender-affirming care~~ will support legislation, ballot initiatives and state and federal policies to protect access to gender affirming care. (Modify Current HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 5/2/23

REFERENCES

1. United States Department of Health and Human Services. Gender-affirming care and young people. opa.hhs.gov. Published March 2022. https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf. Accessed February 8, 2023.
2. Claahsen - van der Grinten H, Verhaak C, Steensma T, Middelberg T, Roeffen J, Klink D. Gender incongruence and gender dysphoria in childhood and adolescence—current insights in diagnostics, management, and follow-up. European Journal of Pediatrics. 2020;180(5):1349-1357. doi:10.1007/s00431-020-03906-y.
3. Coleman, E, Radix, AE, Bouman, WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health. 2022;23(1):S1-S259. doi:10.1080/26895269.2022.2100644.
4. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An endocrine society clinical practice guideline. Journal of Clinical Endocrinology & Metabolism. 2017;102(11):1. doi:10.1210/jc.2017-01658.
5. Rafferty J. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatric Collections: LGBTQ+: Support and Care (Part 3: Caring for Transgender Children). 2021:5-18. doi:10.1542/9781610025423-ensuring.
6. Toomey RB, Syvertsen AK, Shramko M. Transgender Adolescent Suicide Behavior. Pediatrics. 2018;142(4). doi:10.1542/peds.2017-4218.
7. Green AE, DeChants JP, Price MN, Davis CK. Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. Journal of Adolescent Health. 2022;70(4):643-649. doi:10.1016/j.jadohealth.2021.10.036.
8. Chen D, Berona J, Chan Y-M, et al. Psychosocial functioning in transgender youth after 2 years of hormones. New England Journal of Medicine. 2023;388(3):240-250. doi:10.1056/nejmoa2206297.
9. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. JAMA Network Open. 2022;5(2). doi:10.1001/jamanetworkopen.2022.0978.
10. Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal suppression for transgender youth and risk of suicidal ideation. Pediatrics. 2020;145(2). doi:10.1542/peds.2019-1725.
11. Mapping attacks on LGBTQ rights in U.S. state legislatures. American Civil Liberties Union. https://www.aclu.org/legislative-attacks-on-lgbtq-rights?impact=health. Published March 31, 2023. Accessed April 3, 2023.
12. Anti-transgender medical care bans. Equality Federation. https://www.equalityfederation.org/tracker/anti-transgender-medical-care-bans. Accessed March 2, 2023.

13. Legislation affecting LGBTQ rights across the country. American Civil Liberties Union. https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country-2022. Published December 12, 2022. Accessed March 2, 2023.
14. Associated Press. Florida Boards of Medicine confirm ban on gender-affirming care for transgender youth. WFSU Public Media. https://news.wfsu.org/2023-02-10/florida-boards-of-medicine-confirm-ban-on-gender-affirming-care-for-transgender-youth. Published February 10, 2023. Accessed March 2, 2023.
15. SC - S0274. BillTrack50. https://www.billtrack50.com/billdetail/1501461. Accessed March 2, 2023.
16. OK - HB1011. BillTrack50. https://www.billtrack50.com/billdetail/1498781. Accessed March 2, 2023.
17. VA - SB960. BillTrack50. https://www.billtrack50.com/billdetail/1509810/. Accessed March 2, 2023.
18. Cullen P. New HRC data reveals over half of transgender youth ages 13-17 could soon face barriers to life-saving, medically necessary gender affirming care. Human Rights Campaign. https://www.hrc.org/press-releases/new-hrc-data-reveals-over-half-of-transgender-youth-ages-13-17-could-soon-face-barriers-to-life-saving-medically-necessary-gender-affirming-care. Published March 23, 2023. Accessed April 7, 2023.
19. Trevor News. New poll emphasizes negative impacts of Anti-LGBTQ policies on LGBTQ youth. The Trevor Project. https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/. Published January 20, 2023. Accessed February 27, 2023.
20. Kidd KM, Sequeira GM, Paglisotti T, et al. “This could mean death for my child”: Parent perspectives on laws banning gender-affirming care for transgender adolescents. Journal of Adolescent Health. 2021;68(6):1082-1088. doi:10.1016/j.jadohealth.2020.09.010.
21. Brown SJ. These US states are protecting gender-affirming care and abortion. Prism. https://prismreports.org/2023/03/28/states-protecting-gender-affirming-care-abortion/. Published March 28, 2023. Accessed April 7, 2023.
22. Laughlin J. Gender-affirming health care is now protected in N.J. through a governor's order. https://www.inquirer.com/health/gender-affirming-care-ban-new-jersey-transgender-non-binary-20230405.html. Published April 6, 2023. Accessed April 8, 2023.
23. Trau M. Akron Children's Hospital is latest gender-affirming care provider to face online threats. News 5 Cleveland WEWS. https://www.news5cleveland.com/news/politics/ohio-politics/akron-childrens-hospital-is-latest-gender-affirming-care-provider-to-face-online-threats. Published September 22, 2022. Accessed March 2, 2023.
24. O'Reilly KB. Terrifying bomb threats against children's hospitals must stop. American Medical Association. https://www.ama-assn.org/practice-management/physician-health/terrifying-bomb-threats-against-childrens-hospitals-must-stop. Published October 6, 2022. Accessed March 5, 2023.
25. Health care organizations urge protection for physicians and patients. American Medical Association. https://www.ama-assn.org/press-center/press-releases/health-care-organizations-urge-protection-physicians-and-patients. Published October 3, 2022. Accessed April 7, 2023.
26. AACAP statement responding to efforts to ban evidence-based care for transgender and gender diverse youth. https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx. Published November 8, 2019. Accessed March 3, 2023.
27. Attacks on gender-affirming and Transgender Health Care. ACP Online. https://www.acponline.org/advocacy/state-health-policy/attacks-on-gender-affirming-and-transgender-health-care. Published November 11, 2022. Accessed March 5, 2023.
28. Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth. APA Official Actions. https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf. Published July 2020. Accessed March 5, 2023.
29. Davis C, Prinstein M. Leave gender-affirming care to medical experts-not politicians. American Psychological Association. https://www.apa.org/news/press/op-eds/gender-affirming-care. Published September 28, 2022. Accessed March 5, 2023.
30. Endocrine society condemns Florida ban on gender-affirming care. Endocrine Society. https://www.endocrine.org/news-and-advocacy/news-room/2022/endocrine-society-condemns-florida-ban-on-gender-affirming-care. Published November 9, 2022. Accessed March 5, 2023.
31. Oberfield S. Response to governor Greg Abbott's directive regarding management of Transgender Children and Adolescents. Pediatric Endocrine Society. https://pedsendo.org/public-policy/response-to-governor-greg-abbotts-directive-regarding-management-of-transgender-children-and-adolescents/. Published February 28, 2022. Accessed March 5, 2023.
32. Madara JL. AMA Opposition to Senate Bill 99. American Medical Association. January 2023. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fltrf.zip%2F2023-1-26-Letter-opposing-MT-SB99-Final.pdf. Accessed March 5, 2023.
33. Madara, JL. AMA opposition to H.B. 1057. American Medical Association. January 2020. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-1-21-Letter-opposing-SD-HB-1057-FINAL.pdf. Accessed March 5, 2023.
34. Madara JL. AMA Opposition to Anti-Trans Bills. American Medical Association. April 2021. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf. Accessed March 5, 2023.
35. Madara JL. AMA Opposition to H.B. 68. American Medical Association. February 2021. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-2-2-letter-Opposing-NH-HB-68-FINAL.pdf. Accessed March 5, 2023.
36. Madara JL. AMA Opposition to H.B. 1721 and H.B. 2051. American Medical Association. March 2020. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-3-3-Letter-Oppose-MO-HB-1721-and-HB-2051-FINAL.pdf. Accessed March 5, 2023.
37. Madara JL. AMA opposition to HB 427. American Medical Association. April 2021. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-20-Letter-opposing-MT-HB-427-Final.pdf. Accessed March 5, 2023.
38. Madara JL. AMA Opposition to H.B. 33. American Medical Association. March 2021. https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-3-5-AMA-Letter-Opposing-MO-HB-33-FINAL.pdf. Accessed March 5, 2023.

RELEVANT AMA POLICY

Removing Financial Barriers to Care for Transgender Patients H-185.950
Our AMA supports public and private health insurance coverage for treatment of gender dysphoria as recommended by the patient's physician.
Citation: Res. 122; A-08; Modified: Res. 05, A-16; Reaffirmed: Res. 012, A-22;

Clarification of Medical Necessity for Treatment of Gender Dysphoria H-185.927
Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice; (2) will advocate for federal, state, and local policies to provide medically necessary care for gender dysphoria; and (3) opposes the criminalization and otherwise undue restriction of evidence-based gender-affirming care.
Citation: Res. 05, A-16; Modified: Res. 015, A-21;

Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population H-140.824
Our AMA supports: (1) shared decision making between gender diverse individuals, their health care team, and, where applicable, their families and caregivers; and (2) treatment models for gender diverse people that promotes informed consent, personal autonomy, increased access for gender affirming treatments and eliminates unnecessary third party involvement outside of the physician-patient relationship in the decision making process.
Citation: Res. 014, A-22;

Affirming the Medical Spectrum of Gender H-65.962
Our AMA opposes any efforts to deny an individual's right to determine their stated sex marker or gender identity.
Citation: Res. 005, I-18;

Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991
1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.
2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.
Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18;

Access to Basic Human Services for Transgender Individuals H-65.964
Our AMA: (1) opposes policies preventing transgender individuals from accessing basic human services and public facilities in line with ones gender identity, including, but not limited to, the use of restrooms; and (2) will advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to ones gender identity.
Citation: Res. 010, A-17;

Preventing Anti-Transgender Violence H-65.957
Our AMA will: (1) partner with other medical organizations and stakeholders to immediately increase efforts to educate the general public, legislators, and members of law enforcement using verified data related to the hate crimes against transgender individuals highlighting the disproportionate number of Black transgender women who have succumbed to violent deaths: (2) advocate for federal, state, and local law enforcement agencies to consistently collect and report data on hate crimes, including victim demographics, to the FBI; for the federal government to provide incentives for such reporting; and for demographic data on an individual's birth sex and gender identity be incorporated into the National Crime Victimization Survey and the National Violent Death Reporting System, in order to quickly identify positive and negative trends so resources may be appropriately disseminated; (3) advocate for a central law enforcement database to collect data about reported hate crimes that correctly identifies an individual's birth sex and gender identity, in order to quickly identify positive and negative trends so resources may be appropriately disseminated; (4) advocate for stronger law enforcement policies regarding interactions with transgender individuals to prevent bias and mistreatment and increase community trust; and (5) advocate for local, state, and federal efforts that will increase access to mental health treatment and that will develop models designed to address the health disparities that LGBTQ individuals experience.
Citation: Res. 008, A-19;

Reducing Suicide Risk Among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Through Collaboration with Allied Organizations H-60.927
Our AMA will partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.
Citation: Res. 402, A-12; Reaffirmed: CSAPH Rep. 1, A-22;

Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted G-605.009
1. Our AMA will convene a task force of appropriate AMA councils and interested state and medical specialty societies, in conjunction with the AMA Center for Health Equity, and in consultation with relevant organizations, practices, government bodies, and impacted communities for the purpose of preserving the patient-physician relationship.
2. This task force, which will serve at the direction of our AMA Board of Trustees, will inform the Board to help guide organized medicine's response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources on issues including but not limited to:
a. Health equity impact, including monitoring and evaluating the consequences of abortion bans and restrictions for public health and the physician workforce and including making actionable recommendations to mitigate harm, with a focus on the disproportionate impact on under-resourced, marginalized, and minoritized communities;
b. Practice management, including developing recommendations and educational materials for addressing reimbursement, uncompensated care, interstate licensure, and provision of care, including telehealth and care provided across state lines;
c. Training, including collaborating with interested medical schools, residency and fellowship programs,

academic centers, and clinicians to mitigate radically diminished training opportunities;
d. Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements;
e. Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance;
f. Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need; and
g. Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications.
Citation: Res. 621, A-22;