

**Draft Testimony: In Opposition to Legislation Limiting Gender-Affirming Care**

Dear Chairperson, Vice Chairperson, and distinguished Members: my name is *[your name, organization, and credentials.]*

On behalf of the Society of Pediatric Nurses*,* I want to thank you for the opportunity to address *[insert the bill number and bill title]*.  I am here today to testify in opposition to *[insert bill number]*, which would deny access to healthcare services for numerous vulnerable children in *[insert state name].*

Pediatric nurses are registered practitioners who care for children of all ages in a variety of healthcare settings and specializations. They are credentialed through the National Council of State Boards of Nursing and strive to deliver safe and respectful care that is based on evidence and clinical expertise—not ideology. This care is child- and family-centered, aligns with the patient’s and family’s values and preferences, and adheres to the Patient Bill of Rights, which affirms rights, information, partnership, and autonomy when making healthcare decisions.

In accordance with their training and SPN’s mission, pediatric nurses seek to inform children and their families or legal guardians of their rights as patients while enabling them to be active members of the healthcare team, partner with healthcare practitioners, and participate in their plan of care.

Ensuring patient access to healthcare is a core element of the Patient Bill of Rights. Legislation such as *[insert bill number here]* directly violates that right. As protectors of the rights of their patients, pediatric nurses—regardless of ideology—oppose any measures that obstruct this access. Further, as providers of this care, pediatric nurses, oppose legislation that would criminalize the provision of evidence-based care.

Policies that deny a practitioner’s ability to provide evidence-based care to patients can result in series health consequences to patients seeking such care. Bills seeking to protect the unique needs and well-being of minors and should not interfere with practitioners’ clinical judgements. In the case of *[insert bill number here],* clinicians, trained specifically in the field of pediatrics, would be prevented from providing personalized, evidence-based care that meets the unique needs of our patients seeking gender-affirming support.

It is important to understand the differences and nuances of gender-affirming care that is spurring bills such as *[insert bill number here].* Transgender refers to an individual whose gender identity does not align with the sex assigned at birth. Gender dysphoria is the psychological distress that can result from a misalignment between an individual’s assigned sex and that individual’s gender identity. Gender dysphoria can happen at any time in one’s life, but it is something that can begin during childhood and merits appropriate gender-affirming care.

Gender-affirming care helps potentially transgender individuals understand, and come to terms with, their gender identity. This care is evidence-based and not a one-size fits package. It includes a range of social, psychological, behavioral, and medical considerations or interventions to help determine and support an individual’s gender identity when it conflicts with their assigned gender. This care helps those who are—or may be—transgender connect and align emotional, interpersonal, and biological aspects of their lives—with the gender with which they identity.

The provision of gender-affirming care for a minor that may be experiencing gender dysphoria is not taken lightly. It is a comprehensive process that seeks to understand a patient’s psychology around sex and gender to determine the most appropriate pathway for the patient and the patient’s family. This process does not always result in surgery—or even intervention. It is instead an explorative process to identify, understand, and meet the needs of a child who walks through this process alongside a multi-disciplinary healthcare team.

The SPN stands alongside the Endocrine Society, the Pediatric Endocrine Society, the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics and many other practitioner groups in recognizing the importance and medical necessity of gender-affirming care.

These groups recommend reversible gender-affirmation care, such as puberty-suppression, for adolescents until the adolescent demonstrates capacity to provide informed consent for additional gender dysphoria interventions.[[1]](#footnote-1) Current medical consensus does not recommend puberty suppressants or hormone treatments for pre-pubertal children with gender dysphoria/gender incongruence diagnoses.[[2]](#footnote-2)

An example of appropriate gender-affirming care might include gradual dosage for sex-hormone therapy for certain adolescents with gender-dysphoria diagnoses who exhibit the mental capacity (typically 16 years or older) to provide informed consent and work closely with an informed, multi-disciplinary medical team. There is little data available for administering hormone therapies to individuals younger than 16 years of age and medical consensus does not recommend surgical interventions for adolescents.[[3]](#footnote-3)

Ample evidence shows that minors who experience gender dysphoria suffer from higher rates of anxiety and depression than their non-transgender peers, which can lead to increased suicide risks. The Trevor Project’s 2020 National Survey on LGBTQ Youth Mental Health reported that 54 percent of minors who identified as non-binary or transgender had contemplated suicide within the previous 12 months and 29 percent had attempted suicide within that timeframe.[[4]](#footnote-4)

The evidence base for improved mental disposition among those who receive appropriate gender-affirming care is strong. A 2016 study in *Pediatrics* found that this care lowered rates of anxiety and depression among recipients.[[5]](#footnote-5) Minors who received some degree of gender-affirming care were 60-percent less likely to experience depression and were 73-percent less likely to consider suicide.[[6]](#footnote-6)

Contrary to popular belief, gender-affirming care for minors is neither new nor a social trend. Pediatric nurses are well-versed in this care and see firsthand the benefits of appropriate, timely, care—and the consequences of delaying or refusing this care.

Providing reversible care to non-binary minors who later identify as cisgender makes them more secure in their ultimate decision. Transgender adults who did not receive puberty suppressants as minors are more likely to need surgeries and other intensive medical procedures in adulthood. Finally, the distress that youth experience who decide to discontinue treatments and grow up cisgender, is significantly less than what transgender youth experience if such treatments are delayed or denied.

Medical data, not ideology, should inform patient-treatment decisions. Policies that prohibit pediatric nurses from providing appropriate care to their patients can result in series health consequences to patients seeking such care. Further, such policy also poses risks of criminal sentencing and license revocation for practitioners who do provide this care.

Bills that infringe on medical-management protocol informed by trained clinicians crosses a line by infringing upon the expertise of trained medical providers. Arkansas Governor, Republican Asa Hutchinson, cited this concern when he vetoed *the SAFE Act*, H.B. 1570, in April 2021. He stated, “If (the bill) becomes law, then we are creating new standards of legislative interference with physicians and parents as they deal with some of the most complex and sensitive matters involving young people.”[[7]](#footnote-7)

Bills with no scientific backing that instruct clinicians on appropriate patient protocol sets a dangerous precedent for state interference in healthcare decisions. Inhibiting access to care—and criminalizing those who provide appropriate care—does not have the well-being of patients in mind.

Criminalizing practitioners who provide gender-affirming treatments infringes upon the practitioner-patient relationship and conflicts with practitioners’ obligation to provide medically necessary care to patients. Policies that deny or limit access to gender-affirming care ignore an established evidence base demonstrating that this care is medically appropriate and necessary for transgender minors.

According to the U.S. Department of Health & Human Services’ Office for Civil Rights, restricting access to such care is dangerous as it “creates a chilling effect” on the providers caring for transgender youth and threatens the health and well-being of these youth.[[8]](#footnote-8) These policies set a dangerous precedent that allows lawmakers to interfere with the provision of standard-medical care.

*[Insert the name of your state SPN Chapter or just SPN National]* hopes that the *[insert the name of the committee you to which you are testifying]* will work to defeat *[insert bill number here]* so pediatric nurses and other clinicians can continue to provide minors in *[insert the name of your state]* appropriate, evidence-based care as prescribed by their training and expertise. I thank the Chairman/Chairwoman and this committee for your attention to this important issue, and offer myself as a resource as you move forward. Thank you.

1. The Endocrine Society*. Discriminatory policies threaten care for transgender, gender diverse individuals*. December 2020. https://www.endocrine.org/news-and-advocacy/news-room/2020/discriminatory-policies-threaten-care-for-transgender-gender-diverse-individuals [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. The Endocrine Society and Pediatric Endocrine Society. *Transgender Health: Supporting Gender Diverse Youth to Improve their Health, Well-Being, and Safety*. https://www.endocrine.org/-/media/endocrine/files/advocacy/documents/transgender\_health\_minors\_fact\_sheet.pdf [↑](#footnote-ref-3)
4. The Trevor Project. [National Survey on LGBTQ Youth Mental Health](https://www.thetrevorproject.org). [↑](#footnote-ref-4)
5. Olson, Kristina R; Durwood, Lily; DeMeules, Madeine, McLaughlin, Katie. *Mental Health of Transgender Children Who Are Supported in Their Identities*. Pediatrics. March 2016. [↑](#footnote-ref-5)
6. Tordoff, Diana M. [Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care.](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423) JAMA. February 2022. [↑](#footnote-ref-6)
7. AP News. Arkansas Governor Vetoes Transgender Youth Treatment Ban. Andrew DeMillo. April 5, 2021. https://apnews.com/article/arkansas-legislature-us-news-legislation-asa-hutchinson-83d07a502678f9745bb00f91aa4865f6. [↑](#footnote-ref-7)
8. U.S. Department of Health & Human Services’ Office for Civil Rights. *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy.* March 2, 2022. https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf [↑](#footnote-ref-8)