

**Sample Testimony: In Support of Gender-Affirming Legislation**

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 appreciate the opportunity to testify in support of *[insert bill number]*, which would *[protect children’s rights to healthcare services]* 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/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]* supports this right. As protectors of the rights of their patients, pediatric nurses—regardless of ideology—support measures that protect this access.

This bill would protect against future policies that may seek to deny a practitioner’s ability to provide evidence-based care to patients, which could result in series health consequences to those seeking such care. Policy seeking to protect the unique needs and well-being of minors and should not interfere with providers’ clinical judgement. This bill helps uphold the practitioners’ ability to provide the most appropriate, evidence-based care, in accordance with their scopes of practice.

It is important to understand the differences and nuances of gender-affirming care that is spurring policy debates.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 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 provider 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 that 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 for those who receive appropriate gender-affirming care is strong. A 2016 study in *Pediatrics*, found that gender-affirming 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)

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 discontinue treatments and grow up cisgender, is significantly less than what transgender youth experience if such treatments are delayed.

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 nurses who do provide this care.

*[Insert bill number here]* would protects the practitioner-patient relationship and prevents infringement upon medical management protocol informed by evidence-based medical consensus. It would also protect against policy from interfering with the clinician-patient relationship. According to the U.S. Department of Health & Human Services’ Office for Civil Rights, restricting access to 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.[[7]](#footnote-7) It is important that we work to ensure this relationship remains protected.

*[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 pass *[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.

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. [↑](#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. 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-7)