

This writing sample is a paper I wrote for my UCSD Gender and Globalization course. It was meant to propose policy changes to promote access to gender-affirming care for transgender youth. I believe it showcases my ability to evaluate multiple quality sources and assemble information in a logical manner.

Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth in the United States: The Fight for Life-Saving Policy Changes

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Target: United States Senator Bernie Sanders, chair of the Senate Health, Education, Labor, and Pensions Committee

**Executive Summary**

Transgender and gender-diverse youth are in danger in the United States. They are at a much higher risk of suicidal ideation and risk of discrimination (Forcier, Gerrit, and Turban 2020, 22-26). One of the greatest challenges transgender youth face in the United States is access to gender-affirming care, a type of care with few federal protections or policies. This paper assesses the lack of access to gender-affirming care for transgender youth by considering the various sources of inaccessibility, including state laws, unwelcoming medical environments, and the shortage of qualified medical professionals to provide this care. This paper will offer a policy recommendation for a bill to make gender-affirming care more accessible through standards for LGBTQ+ inclusive medical environments, requirements for comprehensive gender-affirming medical training, and required legal protections for medical professionals providing gender-affirming care. Research has found these policies to be valuable.

## Statement of Issue

Transgender and gender-diverse youth in the United States face many difficulties in accessing gender-affirming care (Boyle 2022). This issue has become urgent to address because there has been an onslaught of legislation proposed or passed that limits access to gender-affirming care for transgender youth in the United States (Redfield et al. 2023, 12-14). This legislation is an additional hindrance on top of other current limitations that make accessing care difficult.

The Human Rights Campaign reports that there are over one-hundred and fifty thousand transgender youth in the United States who have already lost access to care or could be at risk of losing access from new laws (Human Rights Campaign 2023). In addition, transgender youth often have difficulty accessing care due to a shortage of medical providers who specialize in gender-affirming care, and poor experiences in the medical office (Kidd et al. 2020, 85)(Forcier, Gerrit, and Turban 2020, 111). Access to gender-affirming care can be a life-or-death issue for transgender youth. A study found that using pubertal blockers, one aspect of gender-affirming care, led to a statistically significant decrease in suicidal ideation for transgender youth (Lee and Rosenthal 2023, 109). Considering “nearly 50% of transgender youth [are] reporting a history of suicidal ideation and 25% reporting a history of suicide attempts” (Forcier, Gerrit, and Turban 2020, 22) researchers believe that accessing gender-affirming care is important for transgender youth.

This policy brief paper begins by examining the short history and current context of access to gender-affirming care in the United States for transgender youth. It then details the minimal federal government attempts at ensuring access. After this, the brief outlines a

Congressional bill proposal that would contain three policies to address increasing access to gender-affirming care.

### **History of the Problem and Current Context**

Accessing gender-affirming care in the United States has been a long-standing issue. For starters, medical offices are not perceived as safe spaces for LGBTQ+ individuals. The US Transgender Survey found that “33% of people who saw a doctor in the last year had at least one negative experience” (Forcier, Gerrit, and Turban 2020, 111). Avoidance of these negative experiences can be a barrier for transgender youth trying to access care (Forcier, Gerrit, and Turban 2020, 111).

Another limiting factor is that medical providers who are trained to provide gender-affirming care are scarce (Kidd et al. 2020, 85). One reason for this shortage is that healthcare providers do not receive much training on gender-affirming care (Stryker, Pallerla, and Pickle 2020, 80). Stryker, Pallerla, and Pickle point out that across the United States and Canadian medical schools, there is a median of five hours of LGBTQ+ training given to students, and most providers ended up training themselves on gender-affirming care when they decided to provide it (Stryker, Pallerla, Pickle 2020, 80-83). The research done in “Pharmacists Perceptions and Preparedness Regarding Gender-Affirming Hormone Therapy” found that “only a small portion (16.3%) of pharmacist respondents completed training [for gender-affirming care] during pharmacy school or after graduation, possibly owing to the lack of accessibility of such education” (Tran et al. 2021, e33).

In addition to these barriers, 2021 marked the start of state legislation limiting access to gender-affirming care for transgender youth. On April 6, 2021, Arkansas became the first state to outlaw gender-affirming care for minors (Krishnakumar 2021). At the very beginning of 2023,

over twenty-four bills were going to be introduced that would diminish access to gender-affirming healthcare (Schoenbaum 2023). As of April 3, 2023, the Human Rights Campaign reports over one hundred and ten bills being tracked that could limit access to gender-affirming healthcare (Human Rights Campaign 2023).

Bans throughout states vary in their limitations. Some states have provisions in their legislation proposals that prohibit anyone from aiding and abetting transgender youth accessing gender-affirming care, while others have legislative proposals that would make it a felony for people to provide gender-affirming care to transgender youth (Elana, Tentindo, and Browning 2023, 6-7). In Florida, there were even guidelines released that would advise against the social part of gender-affirming care, discouraging the use of gender-affirming pronouns, names, and clothing (Elana, Tentindo, and Browning 2023, 8).

The stakeholders for this issue include transgender and gender-diverse youth, family and friends of LGBTQ+ people, United States lawmakers, and healthcare workers.

Transgender youth in the United States clearly have an interest in this issue since accessibility to care will directly impact their day-to-day life and gender expression. Family and friends are impacted by witnessing how accessibility affects transgender youth and through the legal consequences they face if assisting youth with access to care (Elana, Tentindo, and Browning 2023, 13). According to Abreu et al. (2022), parents are often negatively impacted by bans on gender-affirming care for transgender and gender-diverse youth (500, 507-508).

Lawmakers are affected by this issue because they are creating policies about gender-affirming care, whether that is establishing protections for it, trying to diminish it, or making sure that it is in medical training curricula. Elected officials actions regarding this subject could result in political activism as a form of accountability by the public. People who work in

healthcare are impacted by accessibility to gender-affirming care since they are often providing the care. Without training or legal protections from new state legislation, medical professionals may not be able to provide gender-affirming care to transgender youth. In some states, they could be at risk of losing their medical license or subject to lawsuits for providing care (Elana, Tentindo, and Browning 2023, 12-13).

### **Critique of Policy Options**

As of 2022, there are limited federal policies that address protecting gender-affirming care for transgender youth (Dawson, Kates, and Musumeci 2022). In 2021, President Biden signed an executive order asking federal agencies to explore policies that would stop discrimination based on gender identity in healthcare (Dawson, Kates, and Musumeci 2022). Though this statement was an important signal of support, it applied to federal agencies' regulations, while most of the discriminatory laws are coming from the state legislature (Dawson, Kates, and Musumeci 2022).

Later in 2021, the Biden Administration helped to implement the terms “gender identity” and “sexual orientation” into Section 1557 of the Affordable Care Act (Dawson, Kates, and Musumeci 2022). This is the section that prohibits discrimination by healthcare programs that are obtaining federal government funding (Dawson, Kates, and Musumeci 2022). This partially addresses the problem of laws targeting transgender youth. It applies to a sector of the healthcare market, leaving vulnerabilities for healthcare outside of the programs that are under the Affordable Care Act rules (Dawson, Kates, and Musumeci 2022). New policies for this issue should apply to all healthcare providers and override all discriminatory state laws (Dawson, Kates, and Musumeci 2022). In addition, many policy steps need to be taken beyond discrimination to ensure equitable care.

Besides these actions by the Biden administration, little has been accomplished at the federal level to make gender-affirming care accessible for transgender youth. In opposition to gender-affirming care, there have been policy proposals at the federal level that tried to abolish access to gender-affirming care for youth, such as Bill H.R. 8731 (U.S. Congress 2022). This would clearly be damaging to the lives of transgender youth. Based on these previous policy options, it is clear that conservative politician stakeholders have a political interest in limiting access to gender-affirming care, while progressive politician stakeholders have a political interest in protecting access to this care.

There needs to be a federal law passed that promotes access to gender-affirming care. It is a policy failure that no national rules exist to promote gender-affirming care accessibility. Since Congressional laws hold supremacy over state laws and various state governments have targeted transgender youth, the impacts of this policy failure continue to increase.

### **Policy Recommendations**

A bill should be proposed to Congress that outlines federal regulations for gender-affirming care for transgender and gender-diverse youth. This bill should address some of the most concerning barriers in access to gender-affirming care and provide services that research has found to be beneficial for transgender youth. The bill proposed should include three sections: standards that ensure medical offices are LGBTQ+ inclusive environments, legal requirements for comprehensive gender-affirming care medical training in American medical schools, and legal protections for medical professionals that provide access to gender-affirming care.

#### **LGBTQ+ Inclusivity Standards in Medical Offices**

The first part of the bill should outline LGBTQ+ inclusivity standards for all medical offices since research has shown that the current state of medical environments has deterred transgender people from seeking care (Forcier, Gerrit, and Turban 2020, 111). First, medical offices should keep a record of patients' gender history, though this information should be collected from the patient separately from any caregivers and kept confidential (Forcier, Gerrit, and Turban 2020, 114). The standard for intake forms should be updated to require professionals to ask the patients for their preferred name, pronouns, and how they would like to be referred to in the presence of caregivers so that they will be addressed properly throughout their experience at the medical office (Forcier, Gerrit, and Turban 2020, 119). To account for patients' privacy, a protective standard must be established to prohibit documenting LGBTQ+ status in any parts of medical records that are accessible by patients' guardians (Forcier, Gerrit, and Turban 2020, 7). Experts like those who contributed to "Pediatric Gender Identity Gender-Affirming Care for Transgender & Gender Diverse Youth" have found that these measures are some of the best ways to make transgender youth feel safe and decrease their chance of poor experiences being a hindrance to their access to care.

To avoid challenges with implementing these standards, the bill should require that these standards are sent to all healthcare institutions across the United States with a maximum timeframe of six months to implement these standards at their facilities. Healthcare institutions should be notified that after this implementation period, they can be subject to inspections by the U.S. Department of Health and Human Services to ensure that they are meeting the standards. In addition, the U.S. The Department of Health and Human Services will be required to open an anonymous notification system on its website in which healthcare workers or patients can report violations of these standards. Healthcare facilities that fail to follow these standards will not be

legally permitted to operate until they meet these standards. This section will resolve the lack of policies ensuring medical environments are inclusive for transgender and gender-diverse individuals.

### Gender-Affirming Care Training in American Medical Schools

Considering the limited LGBTQ+ healthcare training American doctors receive, and the shortage of providers that specialize in gender-affirming care, the next part of the bill should detail requirements for gender-affirming care training in American medical schools (Kidd et al. 2020, 85)(Stryker, Pallerla, and Pickle 2020, 80). This bill should establish an independent commission to create a new curriculum section that would give the information and training needed to provide gender-affirming care. This commission should be assembled by the U.S. Department of Health and Human Services and consist of representative members from every medical field that provides gender-affirming care, healthcare legal and policy experts, and transgender people who have received gender-affirming care. These commission members will work together to ensure the established curriculum consists of an adequate number of minimum hours dedicated towards this topic, all information needed to provide patients with gender-affirming care, and hands-on training for gender-affirming care.

To avoid challenges with implementing this curriculum, the bill should establish that the commission must be assembled within six months of the bill's passage, and will have six months to create the new requirements for American Medical Schools before they are passed to the U.S. Department of Health and Human Services for implementation. The U.S. The Department of Health and Human Services can notify all American medical schools that they will have two years to implement these curriculum requirements. Any schools not meeting these standards will not be accredited by the U.S. Department of Health and Human Services. This section will



resolve the lack of policies requiring medical professionals to learn about gender-affirming care, and promote the expansion of providers who are qualified to provide this care.

### Legal Protections for Healthcare Professionals Providing Gender-Affirming Care

The final section of this bill should include federal legal protections for medical professionals that provide access to gender-affirming care. State governments are attempting to hinder transgender youths' access to gender-affirming care by imposing restrictions and criminalizing providing this care (Elana, Tentindo, and Browning 2023, 12). This section of the bill would declare that no medical professional or provider can be punished and prosecuted for providing gender-affirming care as it is an action protected by federal law. This should provide all-encompassing protection for these providers. To avoid challenges to this section, it should be reiterated that as a federal law, it will hold supremacy over the laws passed in states. This section would take effect immediately once signed into law. It will resolve the inadequate policy response by the federal government in its failure to provide protections for healthcare workers from these targeted state laws.

### **Conclusion**

Research has found that ensuring transgender and gender-diverse youth have access to gender-affirming care is important, especially for decreasing suicidal ideation (Forcier, Gerrit, and Turban 2020, 22). There are few federal policies that protect access to this care or ensure medical environments are equipped to provide this care. In addition, there has been an onslaught of state bills attempting to inhibit gender-affirming care (Elana, Tentindo, and Browning 2023, 12). Lives are at stake, and this bill must be proposed immediately to make medical environments LGBTQ+ inclusive, provide medical training for this care, and protect doctors who give this care for the sake of the United States' transgender community. This policy aligns with

your policy stance of protecting the rights of LGBTQ+ people, especially through the lens of healthcare access. Increasing access to gender-affirming care for transgender youth is necessary for equality for all LGBTQ+ individuals in the United States.

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