

US Federal Agency activity on LGBTI Health and Welfare

2009 to 2016

Codifying Gender Non-Conformity (GNC) among Children and Adolescents: Law & Policy Milestones

The current legal and medical status of gender non-conforming youth in the US has been precipitated by coordinated Federal agency initiatives¹ that began in 2009 as part of a broader program within the Dept. of Health and Human Services (HHS) to remedy significant gaps in medical research and healthcare addressing the needs of LGBTI citizens.

These goals have been pursued in cooperation with a domestic network of non-governmental organizations² to establish the following elements of law, policy, practice and treatment addressing both GNC adults and minors.

- The definition and recognition of Gender Identity as legally equivalent to biological sex in civil rights and disability law
- Recognizing Gender Non-Conformity as a predicate of Gender Dysphoria eligible for medical coverage
- Medicalization of Gender Non-Conformity with standard guidance endorsing Affirmation Treatment protocols
- The recognition of guidelines other than Affirmation as characteristic of Conversion Therapies

The following is an annotated timeline of those efforts, highlighting key actions and points of evolution.

Prior	Yogyakarta Principles (2006) Pediatric endocrine therapies begin at GeMS (2007) HRC Blueprint for Positive Change (2008)	
2009	The NIH commissions the IOM for a thorough LGBT health research survey and gap analysis	
		<i>Gender Identity introduced</i> as a working definition for policies
2010	Enabling Pres.Obama's request to HHS for plans to improve LGBT health and wellbeing. Which are facilitated by enhancing Title IX, ADA and Section 504 rights and protections for LGBT citizens.	
		<i>Gender Identity</i> defined as self-identification independent of sexuality
2011	Secretary Kathleen Sebelius proposes a slate of directives and new charters in response. Subsequently the OCR adduces <i>gender</i> , independent of sex, as a basis for sexual harassment and sexual violence .	
		<i>Gender-based harassment</i> now encompasses acts motivated by either sex or sex stereotypes
2012	Agency coordination in policy and planning was formally established in 2012 while HHS began issuing grants with the advice of Trans COE .	
	The UCSF Transgender COE has pioneered medical treatment of child and adolescent gender dysphoria and the affirmation model of treatment.	
2013	A Specific Health Issues RFI was issued for public comment to prepare a foundation for the 2016-20 program strategy, to be complemented by the OCR's work on ACA integration.	
2014	Future Research and Policy goals were refined and extended by HHS offices and service providers	
2015	Ongoing policy development in 2015 in preparation for codifying and releasing as rules proposal by the HHS	
		NIH impact study starts (due in 2020): THE IMPACT OF EARLY MEDICAL TREATMENT IN TRANSGENDER YOUTH SCHOOLS IN TRANSITION guidance prepared by NGOs anticipating 2016 OCR Rules
2016	And legally recognized in 2016 as possessing substantive rights, backed up by agency priority and planning	

Notes:

1. Federal interagency activities have continued to the present with additional NIH RFI's, grant awards, and ongoing working groups coordinated primarily through the [Sexual Gender Minority Research Office](#) ³. These have supported safety and efficacy research for the endocrine therapies and surgeries being used to treat pediatric GD, and largely rely on the same institutions and practitioners that have developed and advocated for those protocols. Additional epidemiological research has been commissioned as well to investigate the unusual increase in GD reporting youth. The public implementation of these policies and guidelines has been carried out by aligned non-governmental agencies [engaging public educational institutions](#), healthcare providers and other entities subject to Federal non-discrimination requirements.
2. The ACA Sect. 1557 requirements asserted by the OCR were [injuncted](#) in 2016 and still [await revision](#). This has restricted the full application of Gender Identity recognition within ACA covered services and activities.
3. The OCRs guidance and regulations regarding Gender Identity, as a protected category attribute equivalent to sex, were rescinded by a [Dear Colleague letter in 2017](#). The rescision relieved Title IX covered entities of specific access (e.g. bathroom & locker room) and recognition requirements, independent of sex, while clarifying that GNC individuals should still enjoy non-discrimination protections by the OCR's interpretation of sex non-discrimination.

Footnotes:

1. Principle agency activity has been directed by the Department of Health and Human Service's [SGMRO](#) with the assistance of the Dept. of Education's [OCR](#) and other offices - *ref. linked documents above*.
2. Principle NGO partners include the [NCTE](#) , [ACLU](#) , [HRC](#) , [NCLR](#), [NEA](#) & [Fenway Institute](#) with financial assistance from the [Gill Foundation](#) and [Tides Foundation](#) as well as individual sponsors.
3. NIH grants specifically relevant to minors have primarily gone to [UCSF Benioff's CAGC](#) & [CHLA](#)

Online Resources

- [NIH Research Portfolio Reporting](#)
- [NCBI PubMed Search](#)
- [GovInfo](#)