



## ENSURING A POLICY ENVIRONMENT SUPPORTIVE OF GENDER-AFFIRMING CARE FOR YOUTH

**Gender-affirming care is essential to the health and well-being of transgender and gender-diverse children and adolescents. With the right care, these youth can thrive, yet they and their families face significant barriers in accessing the care that they need, and this may be worsened by *policy environments* that actively try to roll back their rights and ban gender-affirming care for minors.**

Our recent research helps us better understand the perspectives of youth and their families seeking gender-affirming care and highlights not only the obstacles they face but also how to address them. Our perspectives and guidance are grounded in our work with transgender and gender-diverse youth and their families in clinical practice.

The *Youth Behavior Risk Study* conducted by the Centers for Disease Control and Prevention (CDC) reports that 1.8% of high school students in the U.S. identify as transgender, and more recent research suggests that number is *growing*. Transgender and gender-diverse youth face significant discrimination in different aspects of life, including *education*, *sports*, *housing*, the *juvenile justice system* and *health care*. While efforts to roll back the rights of transgender and gender-diverse youth must be stopped, there is a great deal that can be done to foster a positive policy environment supportive of transgender and gender-diverse youth. In this brief, we focus specifically on access to health care for this population, reviewing findings from recent research to offer recommendations to policymakers, payers and other stakeholders.



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## UNDERSTANDING GENDER-AFFIRMING CARE

Many transgender and gender-diverse youth experience gender dysphoria, which is the distress associated with having a gender identity that does not align with their sex assigned at birth. Gender dysphoria has several negative effects, including increased risk of [depression](#), [anxiety](#), [suicidal ideation](#) and decreased [quality of life](#), and more than 40% of transgender individuals [attempt suicide](#) in their lifetime. However, these symptoms can be reduced through gender-affirming care. This care varies for each patient and may include social and/or medical transition support. This issue brief will focus on supporting access to [medical gender-affirming care](#), which can include puberty blockers, gender-affirming hormones and surgery.

Unfortunately, gender-affirming care is widely misunderstood. Contrary to popular belief, many of these treatments are [fully reversible](#), and those that are partially reversible or irreversible are done *only* after careful consultation with behavioral health and medical providers, with patient and parental consent (if under 18), and when developmentally appropriate. Additionally, research has shown that it is [uncommon](#) for youth who have received gender-affirming care prior to age 18 to “regret” their transition. Finally, gender-affirming care for youth experiencing gender dysphoria is recommended by all major medical associations, including the [American Academy of Pediatrics](#), [Society for Adolescent Health and Medicine](#), [Endocrine Society](#) and [World Professional Association for Transgender Health](#).

## WHAT THE RESEARCH TELLS US ABOUT GENDER-AFFIRMING CARE

### Caregivers strongly support puberty blockers.

For transgender and gender-diverse youth who are starting to go through puberty, puberty blockers are often discussed as a first step in gender-affirming care. Puberty blockers prevent transgender and gender-diverse children from developing unwanted secondary sex characteristics associated with their sex assigned at birth. The effects are fully reversible, the procedures are [safe](#), and these medications have been shown to [reduce depressive symptoms and suicidality](#) when prescribed.

In a recent study at Children’s Hospital of Philadelphia (CHOP), we conducted a survey and medical chart review to examine caregiver perspectives on an implant used to block puberty for their youth. Nearly all (97%) caregivers reported high satisfaction with the implant procedure and 94% would have their child receive the treatment again. Still, caregivers reported the high cost and denial of insurance coverage for the implant procedure as the greatest challenge to accessing this care.

### Addressing chest dysphoria is essential for youth.

Many transmasculine youth (those assigned female at birth and identifying along the masculine spectrum) experience chest dysphoria, which is physical and emotional distress caused by the presence of unwanted breast tissue. In [research](#) conducted with colleagues at CHOP, we examined the experience of chest dysphoria and top (masculinizing chest) surgery in transmasculine youth ages 13–21. Through qualitative interviews, all youth reported adverse effects resulting from chest dysphoria. Of the nearly half of participants who had received top surgery, all reported improved quality of life, full or near-full resolution of chest dysphoria and no regret of the surgery. One participant who received top surgery remarked, “It was liberating, because I just could finally live a normal life like the rest of the kids my age... I don’t have to worry about my chest dysphoria.” These results make it clear that top surgery can vastly improve the lives of transmasculine youth and is critical to their health and well-being.

#### ADDRESSING CHEST DYSPHORIA IS CRITICAL TO THE HEALTH AND WELL-BEING OF TRANSGENDER AND GENDER-DIVERSE YOUTH

Youth perspectives on the effects of chest dysphoria:

*“I’ve been suicidal quite a few times over just looking at myself in the mirror and seeing [my chest]. That’s not something that I should have been born with.”*

*“Sometimes [my chest dysphoria] would manifest into anxiety and I would not be able to even get out of bed in the morning, it would be so bad.”*

Youth perspectives on the importance of top surgery:

*“Top surgery was kind of what I always envisioned, so it wasn’t really like a decision. It was more like a need.”*

*“Before top surgery, I had this picture of a perfect chest—and I wanted it to be absolutely perfect. And now, looking at my chest, I know it’s not perfect...but honestly, it’s such a breath of fresh air just being able to see it in the mirror and see it be flat... It’s great. I’m just super, super satisfied.”*

Data from “[Experience of Chest Dysphoria and Masculinizing Chest Surgery in Transmasculine Youth](#)”

## Parents see gender-affirming care as “lifesaving.”

Through [research](#) conducted with colleagues at other pediatric health care institutions, we surveyed parents across the country (representing 43 states) whose transgender and gender-diverse youth had received gender-affirming care before the age of 18. Participants commented on the lifesaving aspect of gender-affirming care, with one parent saying, “Without hormones and surgery, my teen son would probably have committed suicide.” These parents expressed concern that laws that have been proposed in various state legislatures to restrict access to gender-affirming care for youth, and even the discussion of these laws, would negatively impact their child’s mental health, increase discrimination and impede access to care.

They were also frustrated that the proposed legislation limits their right to make informed medical decisions with their child and their child’s health care provider. These results highlight the dangers of banning gender-affirming care, and the importance of listening to the voices and lived experiences of transgender and gender-diverse youth and their parents when making policies related to gender-affirming care.

### PARENTS ARE CONCERNED ABOUT THE EFFECTS OF LEGISLATIVE EFFORTS TO BAN GENDER-AFFIRMING CARE

Parent perspectives on laws that would ban gender-affirming care:

***“Even if they do not pass, just the news cycle letting him know that people hate him, despise him, and have no larger concerns than to dispose of his very existence is a very trying experience.”***

***“It is not the role of government to deny medication that has been determined necessary by physicians, psychologists and researchers.”***

***“Such laws come across as bigoted and uneducated and threaten the ability of health care providers to provide evidence-based care for transgender youth and the ability of families and transgender persons to make decisions for themselves.”***

Data from “[This Could Mean Death for My Child: Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents](#)”

## RECOMMENDATIONS TO ENSURE A SUPPORTIVE POLICY ENVIRONMENT FOR TRANSGENDER AND GENDER-DIVERSE YOUTH

Proposed legislation that aims to ban gender-affirming care has recently proliferated across the country. In reviewing the text of these proposed and enacted bills (in 21 states as of June 2021), many provide no justification for restricting care. Those that do typically have inaccurate justifications, including descriptions of all gender-affirming care procedures as “irreversible;” claims that there is a lack of long-term research on gender-affirming care outcomes; and statements that youth experiencing gender dysphoria will grow out of it. It is crucial to counter such misconceptions about gender-affirming care with evidence and input from youth, their caregivers and health care providers to prevent these misconceptions from shaping laws.

Additionally, it is essential to proactively create a supportive policy environment for gender-affirming care. Policymakers, health insurance payers, and health care providers can do this by ensuring gender-affirming care is accessible and affordable. Here we lay out some key recommendations that would help to achieve this goal.

### Gender-affirming care must be adequately covered by public and private health insurance programs.

A [previous PolicyLab brief](#) describes the importance of health care for transgender and gender-diverse youth, and makes recommendations for reducing discrimination against these youth in health care settings and ensuring adequate insurance coverage of medically necessary interventions.

Unfortunately, there is no federal or uniform guidance on what health insurance must cover for gender-affirming care, which means great variation between insurance plans and state regulation. In one [study](#), researchers shopped online for public and private insurance coverage that included gender-affirming care and found that almost half of the 39 policies reviewed contained at least one transgender-specific exclusion.

There has also been significant ambiguity in the interpretation of [Section 1557 of the Affordable Care Act](#) with respect to discrimination in federally funded health care settings on the basis of sex. The Trump administration interpreted this statute as based solely on sex assigned at birth (i.e., male versus female). We welcome [the announcement](#) by the Biden administration that they have broadened the interpretation to also include discrimination in health care on the basis of gender identity and sexual orientation.

This is a positive step for creating a national policy environment that supports transgender and gender-diverse youth and families, but state insurance commissioners and public and private health care payers should also all have policies that support coverage for gender-affirming care for minors.

### Health care providers should be trained in gender-affirming care.

Behavioral health and medical trainees need to have a comprehensive education in supporting transgender and gender-diverse youth and providing gender-affirming care. Transgender health is often *missing* in medical education, and *recent surveys* of medical students have demonstrated their strong interest in advanced education on working with transgender and gender-diverse patients. Promisingly, there has been an *expansion* in transgender medical education and we need to continue this trend to ensure that all health care providers are trained to address the unique needs of transgender and gender-diverse youth.

Furthermore, as we have discussed in *a previous brief*, health care systems and pediatric/adolescent practices should provide cultural humility training to both clinical and nonclinical staff on interacting with and supporting transgender and gender-diverse youth and their families. The medical community should also emphasize active recruitment of more gender-diverse individuals into the workforce.

### Gender-affirming care should be accessible regardless of location, including through telehealth.

In addition to ensuring that medical providers are equipped to address the needs of transgender and gender-diverse youth, policies should focus on ensuring *access* to these providers. The COVID-19 pandemic allowed for insurance coverage of gender-affirming care delivered through telehealth, which was shown to be *acceptable* to the youth receiving care and their parents. Telehealth allows families who face structural barriers to accessing in-person care—such as travel, child care and income—to receive the gender-affirming care that is crucial to their health, well-being and safety. We encourage public and private payers to weigh these important findings as they consider post-pandemic telehealth policies.

### LOOKING BEYOND MEDICAL CARE

While this brief focuses on access to gender-affirming medical care, research supports a broader set of positive policies that serve to protect and support transgender and gender-diverse youth. For example, New Jersey and California require by law that middle and high school curricula include instruction on *LGBTQ+ history*, 21 states have laws that *prohibit bullying* on the basis of sexual orientation and gender identity, and 16 states have friendly state guidance on the inclusion of transgender and nonbinary students in *sports*. In 2013, the city of Philadelphia passed legislation mandating that any city-owned buildings renovated or built moving forward must have *all-gender bathrooms* available. Many states (12 as of June 2021) ban the use of the “*gay/trans panic*” defense for individuals convicted of homicide. These laws are prime examples of policymaking that supports transgender and gender-diverse youth in their identities and helps to reduce the stigma and discrimination against this vulnerable population.

### CONCLUSION

Transgender and gender-diverse youth are a vulnerable population that face discrimination and significant harmful mental and physical outcomes without access to the health care that they need. We need to support these youth in their identities by ensuring a positive policy environment that enhances access to gender-affirming care. Policymakers, payers, and health care institutions have an important role to play to promote and adopt positive policies that protect the rights and needs of transgender and gender-diverse youth and their families.

**FOR QUESTIONS OR FURTHER DISCUSSION, CONTACT:**

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Gender and Sexuality Development Program team

## SUGGESTED CITATION

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