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Federal Trade Commission  
600 Pennsylvania Ave., NW  
Washington, D.C. 20580  
Submitted via *regulations.gov*

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## **Re: Request for Information Regarding Gender-Affirming Care for Minors**

Thank you for the opportunity to comment on the Federal Trade Commission’s (“FTC”) Request for Information regarding experiences, practices, and outcomes related to gender-affirming care (“GAC”), including as it relates to minors.<sup>1</sup>

The undersigned are legal and social science scholars affiliated with the Williams Institute at the University of California, Los Angeles School of Law. The Williams Institute is dedicated to conducting rigorous and independent research on sexual orientation and gender identity law and public policy. Relevant to this comment, our portfolio of work includes reports on public health, transgender demographics, healthcare access, and mental health.<sup>2</sup> This work includes the collection of original data as well as the analysis of federal and state government data.<sup>3</sup> Our scholars also use existing government data and advanced statistical modeling to calculate population estimates of LGBT people.<sup>4</sup>

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<sup>1</sup> Fed. Trade Comm’n, Request for Public Comment Regarding “Gender-Affirming Care” for Minors (2025), [https://www.ftc.gov/system/files/ftc\\_gov/pdf/GAC-RFI-FINAL.pdf](https://www.ftc.gov/system/files/ftc_gov/pdf/GAC-RFI-FINAL.pdf).

<sup>2</sup> See JODY L. HERMAN & KATHRYN O’NEILL, WILLIAMS INST., WELL-BEING AMONG TRANSGENDER PEOPLE DURING THE COVID-19 PANDEMIC (2022), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pulse-Toplines-Nov-2022.pdf>; ILAN H. MEYER, BIANCA D.M. WILSON & KATHRYN K. O’NEILL, WILLIAMS INST., LGBTQ PEOPLE IN THE US: SELECT FINDINGS FROM THE GENERATIONS AND TRANSPop STUDIES (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Generations-TransPop-Toplines-Jun-2021.pdf>; CHRISTY MALLORY & WILL TENTINDO, WILLIAMS INST., MEDICAID COVERAGE FOR GENDER-AFFIRMING CARE (2022), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Dec-2022.pdf>; JODY L. HERMAN, TAYLOR N.T. BROWN & ANN P. HAAS, WILLIAMS INST., SUICIDE THOUGHTS AND ATTEMPTS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>.

<sup>3</sup> See, e.g. ABBIE E. GOLDBERG & ELANA REDFIELD, WILLIAMS INST., THE EXPERIENCES OF GENDER-AFFIRMING CARE PROVIDERS IN STATES WITHOUT LAWS RESTRICTING ACCESS TO CARE (2025), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/GAC-Providers-Apr-2025.pdf>; BRAD SEARS, ANDREW R. FLORES & JET HARBECK, WILLIAMS INST., FOOD INSECURITY AND RELIANCE ON SNAP AMONG LGBT ADULTS (2025), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SNAP-Reliance-Jul-2025.pdf>.

<sup>4</sup> See, e.g., Jody L. Herman & Andrew Ryan Flores, *We’ve Been Tracking the Number of Americans Who Identify as Transgender – Soon, There Will Be No Reliable Way to Measure Them*, CONVERSATION (Aug. 28, 2025, 8:03 AM), <https://theconversation.com/weve-been-tracking-the-number-of-americans-who-identify-as-transgender-soon-there-will-be-no-reliable-way-to-measure-them-263599>; JODY L. HERMAN & ANDREW R. FLORES, WILLIAMS INST., HOW

As part of the FTC’s efforts to evaluate whether patients have been harmed by GAC and whether GAC providers have made false, unsubstantiated claims or failed to disclose material risks, this Request for Information solicits information on experiences, practices, and outcomes related to gender-affirming care. Because our portfolio of work includes research about the experiences of transgender people and providers with GAC and policy implications for the denial of such care, the Williams Institute is uniquely positioned to provide information to the FTC.

Research shows that transgender people are a measurable population in the U.S., many of whom access GAC. Provision of GAC for both transgender youth and adults is guided by rigorous standards of care that are endorsed by professional organizations governing healthcare. Substantial evidence shows that access to GAC, for both youth and adults, has positive effects on the health and well-being of transgender people. These impacts have been reported by transgender people who have received GAC, as well as their providers. Evidence also suggests that, for transgender people who need GAC, lack of access may increase stress and lead to harmful effects. Accordingly, when doctors provide GAC for transgender youth and adults by following established standards of care, that care is supported by evidence that shows an increased likelihood of positive outcomes.

## **I. Transgender People Are a Measurable Population in the U.S., Many of Whom Receive GAC**

A recent Williams Institute report estimated that 1.0% of people, or 2.8 million individuals, in the United States aged 13 and older identify as transgender.<sup>5</sup> Among adults, 0.8%, or 2.1 million, identify as transgender.<sup>6</sup> Among youth aged 13 to 17, 3.3%, or 724,000, identify as transgender.<sup>7</sup>

Gender-affirming care refers to a wide range of treatments that transgender people experiencing gender dysphoria may undertake. GAC is pursued with the goal of alleviating gender dysphoria, which is “a feeling of emotional distress” because one’s inner sense of gender does not match their sex and/or their appearance.<sup>8</sup> Treatments vary depending on the individual

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MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES? (2025), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Aug-2025.pdf>; JODY L. HERMAN & ANDREW R. FLORES, WILLIAMS INST., HOW MANY ADULTS AND YOUTH IDENTIFY AS LGBT IN THE UNITED STATES? (forthcoming 2025); JODY L. HERMAN & RAKSHA KOPPARAM, WILLIAMS INST., THE UNITED STATES 2020 CENSUS SNAPSHOT (2025), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/2020-Census-Snapshots-US-Sep-2025.pdf>.

<sup>5</sup> HERMAN & FLORES, *supra* note 4, at 7.

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> Ignite Healthwise, LLC Staff, *Gender Dysphoria*, KAISER PERMANENTE (May 5, 2025), <https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.gender-dysphoria.abs2270>.

needs of a patient: “[g]ender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.”<sup>9</sup> Treatments may include social affirmation, such as changing one’s name, puberty blockers, hormone therapy, and surgery.<sup>10</sup> Puberty blockers help teenagers who have begun puberty to temporarily pause their physical development while they, alongside parents and physicians, weigh whether to proceed with hormone therapy.<sup>11</sup> Hormone therapy helps alleviate gender dysphoria by initiating the development of secondary sex characteristics which allow the patient to look more masculine or feminine, depending on their gender identity.<sup>12</sup> Lastly, surgical interventions include genital surgery, voice surgery, facial surgery, and chest surgery.<sup>13</sup>

It is difficult to estimate the number of transgender adults or minors who have received or continue to receive gender-affirming treatments. However, data from the U.S. Transgender Survey (“USTS”) provide some insight. The USTS is the largest survey of transgender people in the U.S. Although not representative, its large sample size suggests its findings may be broadly indicative of common experiences of transgender people in the U.S.<sup>14</sup> In the 2022 USTS, 60.0% of adult respondents reported that they had received some form of GAC, including hormones or surgery.<sup>15</sup> The survey also found that 88.0% of adult respondents reported ever wanting hormones and 84.0% reported wanting surgery as part of their transition.<sup>16</sup> Evidence suggests that among minors, rates of hormone utilization are low<sup>17</sup> and surgical interventions are rare.<sup>18</sup>

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<sup>9</sup> DEP’T HEALTH & HUM. SERVS.: OFF. POPULATION AFFAIRS, GENDER-AFFIRMING CARE AND YOUNG PEOPLE (2025), <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>. The Department of Health and Human Services has since retracted this publication due to the current administration’s position on gender-affirming care. See *id.*

<sup>10</sup> *Id.*

<sup>11</sup> Allison Parshall, *What Are Puberty Blockers, and How Do They Work*, SCI. AM. (May 1, 2023), <https://www.scientificamerican.com/article/what-are-puberty-blockers-and-how-do-they-work/>.

<sup>12</sup> *What is Cross-Sex Hormone Therapy?*, INT’L SOC’Y SEXUAL MED., <https://www.issm.info/sexual-health-qa/what-is-cross-sex-hormone-therapy> (last visited Sept. 15, 2025).

<sup>13</sup> Madeline B. Deutsch, *Overview of Gender-Affirming Treatments and Procedures*, UNIV. CAL. S.F.: TRANSGENDER CARE (June 17, 2016), <https://transcare.ucsf.edu/guidelines/overview>.

<sup>14</sup> Brief of Amici Curiae of Williams Institute Scholars in Support of Petitioner and Respondents in Support of Petitioner at 10, U.S. v. Skrametti, 145 S. Ct. 1816 (2025) (No. 23-477).

<sup>15</sup> ANKIT RASTOGI ET AL., ADVOCS. TRANSGENDER EQUAL., HEALTH AND WELLBEING: A REPORT OF THE 2022 U.S. TRANSGENDER SURVEY 42 (2025), [https://transequality.org/sites/default/files/2025-06/USTS\\_2022Health%26WellbeingReport\\_WEB.pdf](https://transequality.org/sites/default/files/2025-06/USTS_2022Health%26WellbeingReport_WEB.pdf).

<sup>16</sup> *Id.* at 45-46.

<sup>17</sup> See Landon D. Hughes et al, *Gender-Affirming Medications Among Transgender Adolescents in the US, 2018-2022*, 179 J. AM. MED. ASSOC. PEDIATRICS 342 (2025) (cross-sectional study used private health insurance claims to examine utilization rates of puberty-blocking medications and hormone therapy among adolescents who identified as transgender or gender diverse, describing such treatments as “rare”).

<sup>18</sup> See Dannie Dai et al., *Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US*, 7 J. AM. MED. ASSOC. OPEN e2418814 (2024) (finding gender-affirming surgery for those with a gender dysphoria diagnosis was “rare”. The rate of gender-affirming surgery was 2.1 per 100,000 minors age 15-17, 0.1 per 100,000 minors age 13-14, and 0 procedures for those age 12 and under. The vast majority 96.4% were chest-related procedures.).

## II. Standards of Care Support Provision of GAC for Adults and Youth Who Need It

The World Professional Association for Transgender Health (“WPATH”) is an international body of experts who establish standards of care for the provision of GAC based on the best available evidence.<sup>19</sup> In formulating the most recent iteration of the standards of care, WPATH based its recommendations on published research, sought input from experts in the field, and ensured no recommendation was adopted unless at least three-quarters (75.0%) of the guideline committee supported it.<sup>20</sup> The WPATH Standards of Care recommend the initiation and continuation of gender-affirming hormone therapy for eligible transgender people for the treatment of gender dysphoria.<sup>21</sup> The recommendations also emphasize the need for a multidisciplinary team’s involvement, including mental health and medical professionals, prior to gender-affirming surgery.<sup>22</sup> Notably, the recommendations call for more caution and a higher threshold of symptom prevalence for adolescents compared to adults.<sup>23</sup> Medical interventions are not recommended for children.<sup>24</sup>

The WPATH standards of care – and/or the provision of GAC for adults and youth when observing these protocols – have been endorsed by United States professional organizations including the American Medical Association,<sup>25</sup> the American Academy of Pediatrics,<sup>26</sup> the American Association of Clinical Endocrinology,<sup>27</sup> the American College of Obstetricians and

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<sup>19</sup> *About WPATH*, WORLD PRO. ASSOC. TRANSGENDER HEALTH, <https://wpath.org/about/mission-and-vision/> (last visited Sept. 17, 2025).

<sup>20</sup> Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT’L J. TRANSGENDER HEALTH S1, S8 (2022).

<sup>21</sup> *Id.* at S18, S125-26.

<sup>22</sup> *Id.* at S129.

<sup>23</sup> *Id.* at S48 (chapter on adolescents discussing meeting the diagnosis for gender incongruence, understanding the consequences of transition, and having sustained symptoms); *id.* at S32 (chapter on adults discussing understanding the consequences of transition and sustained gender incongruence).

<sup>24</sup> *Id.* at S69 (discussing social transition and parental involvement).

<sup>25</sup> *Clarification of Evidence-Based Gender-Affirming Care H-185.927*, AM. MED. ASSOC.: POLICYFINDER (2024), <https://policysearch.ama-assn.org/policyfinder/detail/%22Clarification%20of%20Evidence-Based%20Gender-Affirming%20Care%22?uri=%2FAMADoc%2FHOD-185.927.xml>.

<sup>26</sup> Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 PEDIATRICS e20182162 (2018).

<sup>27</sup> *AACE Position Statement: Transgender and Gender Diverse Patients and the Endocrine Community*, AM. ASSOC. CLINICAL ENDOCRINOLOGY (March 7, 2022), <https://pro.aace.com/recent-news-and-updates/aace-position-statement-transgender-and-gender-diverse-patients>.

Gynecologists,<sup>28</sup> the American Psychological Association,<sup>29</sup> the Endocrine Society,<sup>30</sup> and the World Medical Association.<sup>31</sup>

### III. Transgender People Report Improvements in Well-Being Associated With GAC

Self-report, through means such as surveys, is currently one of the best methods to understand the experiences of people who have accessed GAC. Survey data are relied upon for a wide range of practical applications. For example, data from health surveys allow researchers, providers, and policymakers to identify and address health disparities and social determinants of health, identify and track health conditions and risk factors, and improve the quality of healthcare systems.<sup>32</sup> The federal government also routinely relies on self-reported survey data to enact effective and important national policy. For example, the Federal Reserve uses the Survey for Consumer Finances to craft monetary policies, and the U.S. Department of Agriculture uses the National Household Food Study to propose policies that enable food access.<sup>33</sup> As such, surveys have been useful tools for both researchers and governments to understand the needs of a population and enact policies that are responsive to those needs. Because transgender people are often stigmatized and difficult to reach,<sup>34</sup> studies documenting self-reported experiences provide some of the best means for understanding their demographic characteristics, mental health, physical health, life satisfaction, and life experiences.

#### 1. Studies of Transgender People Consistently Show That Access to GAC is Associated with Positive Experiences and Improved Overall Well-Being

Several studies have documented the benefits of GAC as described by transgender people. Many describe their experience with GAC as positive and report that access to care has improved their well-being. For example, in the 2022 USTS, 98.0% of all respondents who were

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<sup>28</sup> Am. Coll. Obstetrics & Gynecologists, *ACOG Committee Opinion: Health Care for Transgender and Gender Diverse Individuals*, 137 OBSTETRICS & GYNECOLOGY e75 (2021).

<sup>29</sup> AM. PSYCH. ASSOC., APA POLICY STATEMENT ON AFFIRMING EVIDENCE-BASED INCLUSIVE CARE FOR TRANSGENDER, GENDER DIVERSE, AND NONBINARY INDIVIDUALS, ADDRESSING MISINFORMATION, AND THE ROLE OF PSYCHOLOGICAL PRACTICE AND SCIENCE (2024), <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf>.

<sup>30</sup> ENDOCRINE SOC'Y & PEDIATRIC ENDOCRINE SOC'Y, TRANSGENDER HEALTH: POSITION STATEMENT (2020), [https://www.endocrine.org/-/media/endocrine/files/advocacy/position-statement/position\\_statement\\_transgender\\_health\\_pes.pdf](https://www.endocrine.org/-/media/endocrine/files/advocacy/position-statement/position_statement_transgender_health_pes.pdf).

<sup>31</sup> WMA Statement on Transgender People, WORLD MED. ASSOC. (March 26, 2024), <https://www.wma.net/policies-post/wma-statement-on-transgender-people/>.

<sup>32</sup> NATIONAL ACADEMIES, MEASURING SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION 56 (2022).

<sup>33</sup> Kendall Blythe, *Why the Fed's Survey of Consumer Finances Matters to You*, MONEY TALKS NEWS (June 10, 2025), <https://www.moneytalksnews.com/why-the-feds-survey-of-consumer-finances-matters-to-you/>; National Household Food Study (NHFS), U.S. CENSUS BUREAU (Jan. 28, 2025), <https://www.census.gov/programs-surveys/foodstudy.html>.

<sup>34</sup> Michael H. Miner et al., *Conducting Internet Research With the Transgender Population: Reaching Broad Samples and Collecting Valid Data*, 30 SOC. SCI. COMPUTER REV. 202, 206 (2012).

receiving hormone therapy reported that GAC made them feel more satisfied with their life and 97.0% of those who received gender-affirming surgery said the same.<sup>35</sup> Overall satisfaction with life was also substantially higher for those who had medically transitioned (43.0%) compared to those who had not but wanted to (27.0%).<sup>36</sup> Respondents who medically transitioned showed higher prevalence of thriving (37.0%) compared to those who had not medically transitioned but wanted to (19.0%).<sup>37</sup>

Several studies analyzing USTS data indicate that access to GAC may improve mental health and reduce suicidality.<sup>38</sup> One study found that those who had received GAC, like hormones or surgery, showed a lower prevalence of suicide attempts in the year prior to completing the survey compared to those who hadn't been able to access GAC but wanted to (5.1% v 8.5%).<sup>39</sup> In a separate analysis specifically looking at experiences of those who had received gender-affirming surgeries, researchers found that obtaining at least one procedure was associated with lower odds for past-month distress, past-year smoking, and past-year suicidal ideation compared to individuals who wanted surgery but did not obtain any procedures.<sup>40</sup> Findings also support the correlation between GAC access among youth and lowered suicidality and high-risk behaviors. One study using 2015 USTS data found that adults who had obtained puberty blockers as adolescents were less likely to experience suicidal ideation during their lifetime compared to those who had not obtained puberty blockers.<sup>41</sup> Another study analyzing the same data found significant decreases in suicidal ideation, binge drinking, illicit drug use, and distress among individuals who transitioned as adolescents compared to those who transitioned as adults.<sup>42</sup>

Studies analyzing other survey data have found associations between GAC and improvements in mental health. For example, a study looking at the effects of GAC for a cohort of 104 transgender and nonbinary youth aged 13-20 over the course of one year found that those who had started puberty blockers or hormone therapy had 60.0% lower odds of moderate to severe depression and 73.0% lower odds of self-harm or suicidal thoughts compared to those

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<sup>35</sup> SANDY E. JAMES ET AL., NAT'L CTR. TRANSGENDER EQUAL., 2022 U.S. TRANS SURVEY EARLY INSIGHTS 18 (2024).

<sup>36</sup> RASTOGI ET AL., *supra* note 15, at 96.

<sup>37</sup> *Id.* at 94.

<sup>38</sup> JODY L. HERMAN & KATHRYN O'NEILL, WILLIAMS INST., SUICIDE RISK AND PREVENTION FOR TRANSGENDER PEOPLE: SUMMARY OF RESEARCH FINDINGS 2 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Suicide-Summary-Sep-2021.pdf>.

<sup>39</sup> Jody Herman et al., *Effect of Gender Transition-Related Health Care Utilization on Suicidal Thoughts and Behaviors: Findings from the 2015 U.S. Transgender Survey* (2017) (presented at APHA 2017 Annual Meeting & Expo).

<sup>40</sup> Anthony N. Almazan & Alex S. Keuroghlian, *Association Between Gender-Affirming Surgeries and Mental Health Outcomes*, 156 J. AM. MED. ASSOC. SURGERY 611, 615 (2021).

<sup>41</sup> Jack L. Turban et al., *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*, 145 PEDIATRICS e20191725, 4 (2020).

<sup>42</sup> Jack L. Turban et al., *Access to Gender-Affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults*, 17 PLOS ONE e0261039, 3, 8 (2022).



who had not started either.<sup>43</sup> Among those who did not receive GAC, after three months from initiation of the study, there was a significant increase in moderate to severe depression, and after six months, researchers documented a significant increase in self-harm or suicidal thoughts in this group.<sup>44</sup> In another survey of 288 transgender people, researchers found that prior to receiving GAC, respondents had significantly higher odds of reporting self-harm, contemplating suicide, and attempting suicide compared to after the initiation of GAC.<sup>45</sup> Having received GAC procedures was inversely associated with depressive, anxious, and stress symptoms.<sup>46</sup>

Studies have shown a correlation between access to GAC and other positive impacts on mental health for transgender people, including the relief of gender dysphoria and body dysmorphia by aligning physical appearance with the individual's gender identity ("appearance congruence").<sup>47</sup> For example, a survey of 697 transgender individuals from health plans in Georgia and California found that transgender respondents who had accessed more of their desired GAC treatment showed lower levels of depression and anxiety compared to those who had accessed fewer desired treatments, or no treatment.<sup>48</sup> Individuals who received extensive GAC showed higher body-gender congruence and body image satisfaction compared to those with less or no GAC.<sup>49</sup> Researchers highlighted that this result is consistent with our understanding that GAC alleviates gender dysphoria by resolving the body image dissatisfaction that often underlies it.<sup>50</sup> A longitudinal study of 315 transgender youth (up to and including age 20) assessed the effects of hormone therapy on mental well-being over the course of two years.<sup>51</sup> After initiating hormone therapy, researchers observed significant increases in appearance congruence, positive affect, and life satisfaction while depression and anxiety significantly decreased.<sup>52</sup> Appearance congruence was associated with decreased anxiety and depression and increased positive affect and life satisfaction.<sup>53</sup> Early initiation of GAC was associated with greater improvement in mental health: respondents who started hormone therapy in early puberty

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<sup>43</sup> Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 J. AM. MED. ASSOC. NETWORK OPEN e220978, 6 (2022).

<sup>44</sup> *Id.*

<sup>45</sup> Jaclyn M. W. Hughto et al., *Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults*, 49 ARCHIVES SEXUAL BEHAV. 2635, 2640-41 (2020).

<sup>46</sup> *Id.* at 2641.

<sup>47</sup> Deutsch, *supra* note 13 (explaining that hormones and surgeries lead to the development of secondary sex characteristics which allow the individual's appearance to align with their gender identity).

<sup>48</sup> Ashli A. Owen-Smith et al., *Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals*, 15 J. SEXUAL MED. 591, 594, 596 (2018).

<sup>49</sup> *Id.* at 594.

<sup>50</sup> *Id.*

<sup>51</sup> Diane Chen et al., *Psychosocial Functioning in Transgender Youth After 2 Years of Hormones*, 388 NEW ENG. J. MED. 240, 243 (2023).

<sup>52</sup> *Id.* at 244 (2023).

<sup>53</sup> *Id.* at 243.

had more appearance congruence, positive affect, and life satisfaction and less depression and anxiety compared to those who initiated hormone therapy in later puberty.<sup>54</sup>

Similar studies examining appearance congruence among transgender people in general have found a correlation with improvements in mental health: a survey of 109 adolescent transgender patients found that youth with higher levels of appearance congruence, defined in the study as the “self-perceived alignment of one’s gender identity with aspects of physical and/or anatomic appearance,” were 2.25 times less likely to meet the diagnostic criteria for major depressive disorder compared to those with lower levels of appearance congruence.<sup>55</sup> In another study of 287 transgender and nonbinary people, those who reported that their external appearance better reflected their gender identity were less likely to report disordered eating symptoms.<sup>56</sup>

Several studies have been conducted among transgender men that found associations between GAC treatments and improvements in mental health. A 2011 online study of 400 transgender men found that when comparing transgender men who obtained masculinizing hormones to those who did not, hormone therapy was associated with lower levels of depression, anxiety, and stress, a stronger social support system and increased health-related quality of life.<sup>57</sup> Similarly, a 2015 study compared indicators of psychological functioning between 48 transgender men, 53 non-transgender men, and 62 non-transgender women.<sup>58</sup> The study found a direct and significant positive effect on mental health for transgender men after three months of testosterone therapy as compared with controls.<sup>59</sup>

The above findings are consistent with earlier studies dating back as far as the 1990s. For example, the What We Know Project at Cornell University conducted a systematic review in 2018 of the literature to date on the relationship between GAC and well-being among transgender individuals. Researchers found 52 studies which supported the claim that GAC improved transgender people’s overall well-being, four studies that found mixed or null results, and no studies that found more harm than benefits.<sup>60</sup> Improvements after initiating GAC were

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<sup>54</sup> *Id.* at 245.

<sup>55</sup> Gia Chodzen et al., *Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth*, 64 J. ADOLESCENT HEALTH 467, 468, 470 (2019).

<sup>56</sup> Blair Uniacke et al., *Predictors of Eating-Related Psychopathology in Transgender and Gender Nonbinary Individuals*, 42 EATING BEHAVS. 101527, 2, 3-4 (2021).

<sup>57</sup> Colton M. St. Amand et al., *The Effects of Hormonal Gender Affirmation Treatment on Mental Health in Female-to-Male Transsexuals*, 15 J. GAY & LESBIAN MENTAL HEALTH 281, 288, 292 (2011).

<sup>58</sup> Colton L. Keo-Meier et al., *Testosterone Treatment and MMPI-2 Improvement in Transgender Men: A Prospective Controlled Study*, 83 J. CONSULTING & CLINICAL PSYCH. 143, 148 (2015).

<sup>59</sup> *Id.* at 147.

<sup>60</sup> WHAT WE KNOW PROJECT & CORN. UNIV. WHAT DOES THE SCHOLARLY RESEARCH SAY ABOUT THE EFFECT OF GENDER TRANSITION ON TRANSGENDER WELL-BEING? (2018), <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well->



found in quality of life, relationship satisfaction, self-esteem and confidence, and reductions in anxiety, depression, suicidality, and substance use.<sup>61</sup>

## 2. Providers of GAC Have Observed Positive Changes in Patients as a Result of GAC

GAC providers have also reported positive changes in their patients after initiating medical transition. In one survey conducted by the Williams Institute, GAC providers were asked to describe the best aspects of their job.<sup>62</sup> Providers explained that some of the best things about their jobs included “[s]eeing people grow and self-actualize,” and “[g]etting to see my patients thrive, feeling like I help people every day.”<sup>63</sup> One provider responded, “Seeing my patients visibly change into their true selves...and seeing them become so much happier in their bodies.”<sup>64</sup> Another wrote “I find it very fulfilling and receive great joy from it – I feel it is a great honor to be able to be present and take part in my patients’ flourishing and embodiment of gender euphoria.”<sup>65</sup> Another responded, “The patients. Especially the youth; they really inspire me. They deal with a lot for being so young and to see them grow into themselves is beautiful.”<sup>66</sup>

## 3. While A Small Number of People Discontinue GAC, These Experiences Remain Rare, Individualized, and Often Relate to External Factors

Despite the documented benefits of GAC, some transgender people discontinue GAC at some point in their lives for various reasons. Several studies have found that the rates of stopping GAC are low and that among transgender people, reasons for stopping GAC often stem from external pressures, such as economic or family pressure. An analysis of the 2015 USTS found that 13.1% of respondents, all of whom currently identified as transgender, had detransitioned at some point in their lives.<sup>67</sup> An overwhelming majority (82.5%) reported at least one external factor contributing to their decision, including caregiving responsibilities, financial reasons, lack of support, pressure from friends or family, and fertility reasons.<sup>68</sup> A separate study using the 2015 USTS data found that those who reported employment issues and lower income levels were significantly more likely to detransition than those who did not report employment or income

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being-of-transgender-people/. Two of the studies in the Cornell University review were discussed separately in this comment: Colton M. St. Amand et al., *supra* note 57; and Colton L. Keo-Meier et al, *supra* note 58.

<sup>61</sup> WHAT WE KNOW PROJECT & CORN. UNIV., *supra* note 60.

<sup>62</sup> GOLDBERG & REDFIELD, *supra* note 3, at 40.

<sup>63</sup> *Id.*

<sup>64</sup> *Id.*

<sup>65</sup> *Id.*

<sup>66</sup> *Id.*

<sup>67</sup> Jack L. Turban et al., *Factors Leading to “Detransition” Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis*, 8 LGBT HEALTH 273, 276 (2021). *Id.* at 279.

<sup>68</sup> *Id.* at 277.

problems.<sup>69</sup> Individuals with strong family support were 24.0% less likely to detransition compared to those with weaker family support.<sup>70</sup>

Another study assessed a cohort of 1,050 adolescents, including those who did and did not still identify as transgender, who had taken gender-affirming hormone therapy continuously for at least six months.<sup>71</sup> Thirty-seven adolescents permanently discontinued gender-affirming hormone therapy; of these adolescents, 24 still identified as transgender, seven no longer identified as transgender, four were still exploring their identity, and two stopped GAC for unknown reasons.<sup>72</sup> Fourteen of the 37 adolescents stopped GAC after achieving their transition goals.<sup>73</sup> A separate study looking at 385 people who received hormone therapy pursuant to professional guidelines between 2000-2019, including those who began as youth and as adults, had similar findings. In that cohort, a total of six people discontinued GAC: four people stopped due to external pressures such as financial barriers, medical issues, or bullying, and only two people stopped hormone therapy permanently because they now identified as their sex assigned at birth.<sup>74</sup> Notably, the individuals who now identified as their sex assigned at birth did not regret initiating hormone therapy, as they viewed it as an important part of understanding their gender identity.<sup>75</sup>

While a small number of individuals do report negative experiences with GAC and/or transition regret,<sup>76</sup> such experiences remain fairly rare<sup>77</sup> and must be understood within the larger context of the overwhelmingly positive experiences reported by the vast majority of transgender individuals who have received GAC.<sup>78</sup>

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<sup>69</sup> Sacha C. Hauc, Raymond Wen & Cristiane Ueno, *Gender-Affirming Surgery Improves Quality of Life Despite External Social Factors Influencing Detransition*, 13 PLASTIC & RECONSTRUCTIVE SURGERY—GLOBAL OPEN e6984, 4, 5.

<sup>70</sup> *Id.* at 4.

<sup>71</sup> Elizabeth R. Boskey et al., *A Retrospective Cohort Study of Transgender Adolescents' Gender-Affirming Hormone Discontinuation*, 76 J. ADOLESCENT HEALTH 584, 587 (2025).

<sup>72</sup> *Id.* at 586.

<sup>73</sup> *Id.*

<sup>74</sup> Pranav Gupta et al., *Adherence to Gender Affirming Hormone Therapy in Transgender Adolescents and Adults: A Retrospective Cohort Study*, J. CLINICAL ENDOCRINOLOGY e1236, 1238 (2023).

<sup>75</sup> *Id.*

<sup>76</sup> See e.g. Amy C. Maragos, Chris Brown & Luke R. Allen, *Lived Experiences: Exploring Detransition Narratives*, 26 INT'L. J. TRANSGENDER HEALTH 215 (2025).

<sup>77</sup> See e.g. Breanna Y. Jedrzejewski et al., *Regret After Gender-Affirming Surgery: A Multidisciplinary Approach to a Multifaceted Patient Experience*, 152 PLASTIC & RECONSTRUCTIVE SURGERY 206 (2023) (in a sample of 1,989 transgender people who had undergone gender-affirming surgeries, finding rate of regret at 0.3%); Lauren Bruce et al., *Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy*, 158 J. AM. MED. ASSOC. SURGERY 1070 (2023) (finding the average decision satisfaction score at 4.8 out of 5 and the average decision regret score at 4.2 out of 100 among a sample of 139 transgender people who underwent a mastectomy). Both studies only assess regret with gender-affirming surgeries.

<sup>78</sup> *Id.* (“Although detransitioning is being discussed more in the scholarly literature, it remains a fairly rare occurrence and should not be misconstrued to discredit the validity of transgender identities or the benefits of gender-affirming care.”)

#### IV. Lack of Access to GAC is Associated with Harms

The denial of GAC for those who need it is associated with immediate harms and may also increase stress and worry among transgender people, which research has shown can result in negative impacts on mental and physical health.

##### 1. Lack of Access to GAC May Directly Result in Negative Health Outcomes

As described above, access to GAC for those who need it is associated with improvements in mental health and well-being. Studies demonstrate that for many people, GAC is associated with a decrease in gender dysphoria, anxiety, depression, and suicidality.<sup>79</sup> Conversely, evidence suggests that lack of access to GAC is associated with increases in gender dysphoria, anxiety, depression, substance use, self-harm, and suicidality.<sup>80</sup> If transgender people who currently access these treatments are no longer able to, the benefits of these treatments may be diminished or lost entirely, and risk for negative health consequences is likely to increase as a direct result.

##### 2. Increased Stress Because of GAC Denial May Result in Negative Health Impacts

For those who need access to GAC, the lack or denial of access to GAC may also lead to increased stress. This is commonly described as “minority stress:” the type of stress experienced by minority populations, like transgender people, when they are exposed to stressful conditions unique to that population.<sup>81</sup> For example, while losing a job is a stressor experienced by many people, losing a job due to anti-transgender discrimination is a minority stressor experienced by transgender people.<sup>82</sup>

Evidence shows that minority stressors are associated with negative health outcomes among transgender people, including increases in depression, anxiety, and risk of suicidality. For example, a 2023 study of transgender, nonbinary, and gender-expansive patients receiving

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<sup>79</sup> See Transgender People Report Improvements in Well-Being Associated With GAC, §§ III(1)-(2), *supra*.

<sup>80</sup> See Tordoff et al., *supra* note 43, at 6 (finding that transgender adolescents who had not initiated puberty blockers or hormone therapy had relatively higher odds of depression, self-harm, and suicidal risk compared to transgender youth who had started medical treatment); Hughto et al., *supra* note 45 (finding that depression, anxiety, and stress were inversely related to receiving GAC); Almazan & Keuroghlian, *supra* note 40 (finding that transgender people who wanted but did not obtain gender-affirming surgery reported more psychological distress, smoking, and suicidal ideation compared to transgender people who wanted and underwent gender-affirming surgery); Turban et al., *supra* note 42, at 5, 8 (finding that transgender people who never accessed hormone therapy had higher odds of distress and suicidal ideation compared to transgender people who accessed hormone therapy in adulthood).

<sup>81</sup> David M. Frost & Ilan H. Meyer, *Minority Stress Theory: Application, Critique, and Continued Relevance*, 51 CURRENT OP. PSYCH. 101579, 1. See also Walter Bockting et al., *Adult Development and Quality of Life of Transgender and Gender Nonconforming People*, 23 CURRENT OP. ENDOCRINOLOGY, DIABETES & OBESITY 188 (2016).

<sup>82</sup> *Id.* (paraphrased).

medical or psychiatric care found that increased minority stress among transgender people, measured via the Gender Minority Stress and Resilience Measure,<sup>83</sup> was associated with increased PTSD symptom severity.<sup>84</sup> In one study of 6,308 transgender veterans, researchers measured the impact of social stressors (housing instability, financial strain, or violence) and found that each additional stressor increased the odds of suicidal ideation and attempts.<sup>85</sup> In a different study of 201 transgender veterans, researchers found that experiencing external minority stress, measured by assessing the prevalence and emotional impact of discrimination, within the last year was positively correlated with suicidal ideation both within the last year and within the last two weeks.<sup>86</sup> Health effects of minority stress have also been documented among transgender youth. For example, a study assessing 315 transgender youth found that negative expectations for future events—which included worries about employment discrimination, becoming a victim of violence, and being denied medical care in relation to gender identity—are significantly associated with depressive symptoms and anxiety symptoms.<sup>87</sup>

#### i. Increased Stress Due to Acts of Discrimination and Non-Affirmation

One category of stressors that research has associated with negative health implications is societal stigma or discrimination, including discriminatory laws or policies, or interpersonal microaggressions.<sup>88</sup> Denying GAC to those who need it may be considered a form of stigmatizing discrimination.<sup>89</sup> Denial of GAC has been considered unlawful under some interpretations of the Affordable Care Act, for example.<sup>90</sup> It is also considered discrimination in jurisdictions, such as California, where state and local laws ensure access to the care.<sup>91</sup>

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<sup>83</sup> The 58-item measure included measures of discrimination, rejection, victimization, non-affirmation, internalized transphobia, negative expectations, non-disclosure, community connectedness, and pride. Starr Tomlinson et al., *Impact of Minority Stress and Resilience on Post-Traumatic Stress Disorder Symptom Severity Among a Sample of Transgender, Nonbinary, and Gender-Expansive Individuals*, 73 NURSING OUTLOOK 102498, 3 (2025).

<sup>84</sup> Tomlinson et al., *supra* note 83, at 2, 4 (2025).

<sup>85</sup> John R. Blosnich et al., *Impact of Social Determinants of Health on Medical Conditions Among Transgender Veterans*, 52 AM. J. PREVENTIVE MED. 491, 491, 493, 495 (2017).

<sup>86</sup> Raymond P. Tucker et al., *Current and Military-Specific Gender Minority Stress Factors and Their Relationship with Suicide Ideation in Transgender Veterans*, 49 SUICIDE & LIFE-THREATENING BEHAV. 155, 159, 160 (2019).

<sup>87</sup> Benjamin Parchem et al., *Minority Stress, Mental Health, and Substance Use in Transgender Youth: The Moderating Role of Positive Affect*, 50 J. PEDIATRIC PSYCH. 412, 412, 414 (2025). For examples of the questionnaire on future expectations, see Marco A. Hildago et al., *The Gender Minority Stress and Resilience Measure: Psychometric Validity of an Adolescent Extension*, 7 CLINICAL PRAC. PEDIATRIC PSYCH. 278, 285 (2019).

<sup>88</sup> Parchem et al., *supra* note 87.

<sup>89</sup> See Jaclyn M. White Hughto, Sari L. Reisner & John E. Pachankis, *Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions*, 147 SOC. SCI. & MED. 222, 224 (2015).

<sup>90</sup> See e.g. *Tovar v. Essentia Health*, 342 F. Supp. 3d 947 (Minn. Dist. Ct 2018); *Hammons v. Univ. of Md. Med. Sys. Corp.*, 649 F. Supp. 3d 104 (Md. Dist. Ct. 2023); *Kadel v. Folwell*, 100 F.4th 122 (4th Cir. 2024, *vacated and remanded for reconsideration in light of the Equal Protection Clause finding in U.S. v. Skrmetti*, 145 S. Ct. 1816 (2025)); see also 42 C.F.R. § 92.206 (2024); Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37595, 37596-97 (May 6, 2024).

<sup>91</sup> See, e.g. Complaint for Declaratory and Injunctive Relief 19-26, Commonwealth of Massachusetts, et al., v. Trump, No. 25-cv-12162 (D. Mass. Aug. 1, 2025); [https://oag.ca.gov/system/files/attachments/press-docs/D.Mass.\\_1\\_25-cv-12162\\_1\\_0.pdf](https://oag.ca.gov/system/files/attachments/press-docs/D.Mass._1_25-cv-12162_1_0.pdf).

Healthcare discrimination can become a source of minority stress for transgender patients. Using data from the 2015 USTS, the Williams Institute found that transgender people who had been denied care from a provider in the past year were more likely to report both suicidal thoughts (68.2% vs. 47.2%) and suicide attempts (18.8% vs. 6.8%) within the past 12 months.<sup>92</sup> A separate study using the same data found that gender identity-related healthcare discrimination was associated with higher odds of prescription drug misuse.<sup>93</sup> A systemic review examining health care avoidance found four studies showing that transgender people who experienced discrimination or mistreatment in healthcare also had a higher likelihood of healthcare avoidance and delay, including one finding that refusal of care was associated with over five times the risk of delaying healthcare.<sup>94</sup>

Denial of gender-affirming care may also contribute to, or constitute, non-affirmation of a person's gender identity.<sup>95</sup> Research has shown a correlation between non-affirmation of gender identity and negative health outcomes, such as anxiety, depression, disordered eating, and substance use. For example, a study of 167 transgender adults reported that participants experienced more anxious and depressive symptoms when they experienced marginalization and gender non-affirmation.<sup>96</sup> When participants experienced more marginalization and gender non-affirmation than usual within the week, there was a subsequent increase in anxious and depressive symptoms the next week.<sup>97</sup> Similarly, a survey of 205 transgender women showed that dehumanization, measured as objectification and anti-transgender discrimination, resulted in positive correlations with body dissatisfaction and disordered eating.<sup>98</sup> Furthermore, an analyses of 2015 USTS data found that the more anti-transgender experiences a person experienced, the

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<sup>92</sup> JODY L. HERMAN, TAYLOR N.T. BROWN & ANN P. HAAS, WILLIAMS INST., SUICIDE THOUGHTS AND ATTEMPTS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY 24 (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>.

<sup>93</sup> Jeremy D. Kidd et al., *Prevalence and Minority-Stress Correlates of Past 12-Month Prescription Drug Misuse in a National Sample of Transgender and Gender Nonbinary Adults: Results from the U.S. Transgender Survey*, 219 DRUG & ALCOHOL DEPENDENCE 108474, 2, 4 (2021).

<sup>94</sup> Siobhan D. Thomas et al., *Health Care Avoidance and Delay in the Transgender Population: A Systematic Review Exploring Associations with Minority Stress*, 10 TRANSGENDER HEALTH 126, 134 (2025).

<sup>95</sup> See generally Sari L. Reisner, Asa Radix, & Madeline B. Deutsch, *Integrated and Gender-Affirming Transgender Clinical Care and Research*, 72 J. ACQUIRED IMMUNE DEFICIENCY SYNDROME S235, S236-238 (2016); Meg Quint et al., *The AFFIRM Framework for Gender-Affirming Care: Qualitative Findings from the Transgender and Gender Diverse Health Equity Study*, 25 BMC PUB. HEALTH 491 (2025) (discussing how physicians' ideas and understandings of transgender people have led to denials of GAC).

<sup>96</sup> Jae A. Puckett et al., *Daily Experiences of Minority Stress and Mental Health in Transgender and Gender-Diverse Individuals*, 132 J. PSYCHOPATHOLOGY & CLINICAL SCI. 340, 342, 344 (2023). Marginalization was measured as victimization, harassment, stigma, or targeting. *Id.* at 342.

<sup>97</sup> *Id.*

<sup>98</sup> Melanie E. Brewster et al., *Unpacking Body Image Concerns and Disordered Eating for Transgender Women: The Roles of Sexual Objectification and Minority Stress*, 66 J. COUNSELING PSYCH. 131, 133, 134, 135 (2019).

more likely they were to engage in heavy drinking.<sup>99</sup> Alcohol use and anti-transgender experiences were strongly predictive of whether someone had considered suicide.<sup>100</sup>

ii. Increased Stress Related to Fear of Losing Access to GAC

Research has shown that the risk of denial of GAC due to legislation and policy changes has resulted in increased fear and worry among transgender people. For example, as a result of the 2024 election outcome, 73.0% of transgender people who responded to a Williams Institute survey were concerned that the quality of their healthcare would worsen.<sup>101</sup> Worry about access to GAC has led some transgender people to consider moving, with 72.0% of transgender respondents who were concerned about healthcare and living in less supportive states reporting that they wanted to move out of state.<sup>102</sup> Similarly, in a survey by the Trevor Project, 93.0% of LGBTQ youth respondents reported worry around access to GAC.<sup>103</sup>

Research shows that fear and worry about the loss of GAC can result in negative mental and physical health impacts. For example, in a 2023 study of 113 transgender youth and adults examining how they were impacted by news about legislation restricting GAC, there was a significant relationship between news exposure and persistent and unwanted thoughts about recent legislation.<sup>104</sup> There was also a significant relationship between news consumption and physical health.<sup>105</sup> Respondents also shared personal descriptions of fear, depression, and risk of suicidality. One respondent wrote, “It makes me really hesitant to go to just any doctor. When I do cho[o]se a doctor, I almost never disclose my transgender identity in fear of mistreatment or lack of understanding,” and another expressed similar thoughts in their response, “Taking away protections for me in health care just makes me more scared to go to doctors than I already was.”<sup>106</sup> In speaking about the personal impact GAC has had on them, one person stated that “I would kill myself without gender affirming care, it’s the only thing worth living for: the potential that some day I might be able to be myself.”<sup>107</sup> These personal anecdotes add further detail to

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<sup>99</sup> Hugh Klein & Thomas Alex Washington, *The Relationship Between Anti-Transgender Experiences (A Proxy for Minority Stress) and Heavy Alcohol Use Among Transgender Adults*, 15 BEHAV. SCIS. 248, 9-10.

<sup>100</sup> *Id.* at 12.

<sup>101</sup> ABBIE E. GOLDBERG & BRAD SEARS, WILLIAMS INST., THE IMPACT OF ANTI-TRANSGENDER POLICY AND PUBLIC OPINION ON TRAVEL AND RELOCATION 12 (2025), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Moving-May-2025.pdf>.

<sup>102</sup> *Id.* at 106.

<sup>103</sup> 2022 National Survey on LGBTQ Youth Mental Health, TREVOR PROJECT, <https://www.thetrevorproject.org/survey-2022/> (last visited Sept. 17, 2025).

<sup>104</sup> Lindsay Y. Dhanani & Rebecca R. Totton, *Have You Heard the News? The Effects of Exposure to News About Recent Transgender Legislation on Transgender Youth and Young Adults*, 20 SEXUALITY RSCH. & SOC. POL’Y 1345, 1349 (2023).

<sup>105</sup> *Id.*

<sup>106</sup> Dhanani & Totton, *supra* note 104, at 1354.

<sup>107</sup> *Id.*

what the studies above have found—that restricting access to GAC can cause stress, which is likely to negatively impact the well-being of transgender people.

### 3. Increased Stress on Providers as a Result of GAC Restrictions

Providers of GAC have reported increased stress associated with legislative efforts to deny access to GAC. A recent Williams Institute study surveyed GAC providers in states that had not restricted GAC to assess how the restrictions in other states were impacting their experiences.<sup>108</sup> When asked how the increased restrictions impacted youth providers and their clients, 48.0% saw increased waitlists, 72.0% said their youth clients were more worried about their ability to continue care, and 42.0% said their youth clients were concerned about the privacy and security of their information related to GAC.<sup>109</sup> Providers of adults saw a 38.0% increase in waitlists, 77.0% said their adult clients were more worried about their ability to continue care, and 43.0% said their adult clients were concerned about the privacy and security of their GAC information.<sup>110</sup> GAC providers also shared experiences of personal victimization due to the nature of their work: 26.0% had been verbally threatened or attacked online, 16.0% were threatened or attacked by phone, and 13.0% were threatened or attacked in person.<sup>111</sup> As a result of increasing restrictive legislation in other states, 81.0% of GAC providers reported an increase in stress, 77.0% saw increases in their symptoms of anxiety, and 53.0% saw an increase in depressive symptoms.<sup>112</sup>

## IV. Conclusion

With this Request for Information, the FTC aims to gain insight on whether consumers are being exposed to “false or unsupported claims about ‘gender-affirming care’ (GAC), especially as it relates to minors” and seeks to “gauge harms consumers may be experiencing.” Transgender people make up a measurable population in the U.S., and many of them access GAC. For both adults and youth, these treatments are governed by rigorous standards of care and has been endorsed by many of the most trusted professional medical associations in the U.S. Evidence shows that access to GAC for those who need it is associated with substantial benefits, such as an improvement in well-being and mental health. Lack of access to GAC may diminish or neutralize these benefits among those for whom the care is medically necessary. Furthermore, the denial of such care, if perceived as an act of discrimination or non-affirmation of gender identity, may contribute to increased stress, negative mental health outcomes, and other serious health risks among transgender people. Accordingly, evidence supports claims that GAC is

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<sup>108</sup> GOLDBERG & REDFIELD, *supra* note 3, at 2.

<sup>109</sup> *Id.* at 17.

<sup>110</sup> *Id.* at 17.

<sup>111</sup> *Id.* at 20.

<sup>112</sup> *Id.* at 22.



beneficial for individuals when medically indicated and when administered in compliance with professional safeguards.

Thank you for your consideration of this comment.

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