



Prohibiting Gender-Affirming Medical Care for Youth

AUTHORS:
Kerith J. Conron
Kathryn O'Neill

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Eight states are considering bills to deny gender-affirming medical care to transgender youth, including nearly 17,000 transgender youth ages 13 and up. These states include Colorado,¹ Illinois,² Kentucky,³ Missouri,⁴ ⁵ New Hampshire,⁶ Oklahoma,⁷ South Carolina,⁸ and South Dakota.⁹ Most of these bills propose to make it a crime for medical providers to deliver gender-affirming care to minors or a cause for professional discipline. In two states, Missouri and New Hampshire, parents could be reported to child welfare agencies for facilitating access to gender-affirming care for their children. State-specific estimates of the number of youth at risk of being denied gender-affirming medical care are provided in the table below.

Table 1. Estimated number of transgender youth ages 13 and up^a at risk of being denied access to gender-affirming medical care through proposed state bans

AGES	STATE	ESTIMATE	LOWER BOUND	UPPER BOUND
13–15 ^b	South Dakota	200	150	350
13–17	Colorado	1,800	1,200	2,800
	Illinois	5,700	3,650	9,050
	Kentucky	1,850	950	3,600
	Missouri	2,500	1,300	5,000
	New Hampshire	450	300	750
	Oklahoma	2,100	1,200	3,700
	South Carolina	2,150	1,400	3,400
Total		16,750	10,150	28,650

^a Children under the age of 13 would be impacted by the proposed bills but are not counted here due to the lack of reliable estimates of the number of transgender children of this age. ^b South Dakota's bill would apply to youth 15 years old and younger.

Gender-affirming medical care is recommended for transgender youth by the American Academy of Pediatricians and the Endocrine Society.¹⁰ Gender-affirming medical care includes the use of hormones to delay puberty and to promote physical development that is consistent with a child's gender identity (their internal sense of who they are). A new study published in *Pediatrics* finds that access to pubertal suppression treatment is associated with lower odds of lifetime suicidal ideation among transgender adults (Turban et al., 2020).

Research shows that gender-affirming care improves health outcomes for transgender people, including youth. A comprehensive review of research on the effects of gender-affirming medical care conducted by Cornell University concluded that access to such care improves the overall well-being of transgender individuals and found no evidence that it causes harm (Cornell, 2017). A study by the Williams Institute concluded that risk of past year suicide attempts was lower among transgender people who wanted and received gender-affirming medical care (Herman, 2019). More generally, research indicates that efforts to support transgender youth in living according to their internal sense of gender is associated with better mental health and feelings of safety at school, while efforts to change the gender identity of transgender people (i.e., conversion therapy) are associated with suicidality (Clark et al., 2014; McGuire et al., 2010; Russell et al., 2018; Simons et al., 2013; Turban et al., 2019; Wilson et al., 2016)

TECHNICAL NOTES

Estimates of the number of transgender youth ages 13-17 in each state were first published in the report [Age of Individuals Who Identify as Transgender in the United States](#) (Herman et al., 2017). Lower and upper bound estimates for the number of 13–17 year olds in each state are also from Herman et al., but were rounded to the nearest 50 to simplify the presentation of information included in this research brief. In order to estimate the portion of youth who identified as transgender before the age of 15, we analyzed data from the United States Transgender Survey (James et al., 2015). The 2015 U.S. Transgender Survey was conducted by the National Center for Transgender Equality. (To find out more about the U.S. Transgender Survey, visit <http://www.ustranssurvey.org/reports>.) This is the largest available dataset about transgender adults in the United States, with over 27,000 respondents from all 50 states, D.C., American Samoa, Guam, Puerto Rico and U.S. military bases overseas. Looking only at respondents ages 18–24, we estimated the proportion who knew that they were transgender at or before the age of 15 (70.7%) among those who knew that they were transgender at or before the age of 17. This percentage was applied (multiplied) to estimates of the number of 13–17 year old transgender youth in South Dakota, as well as the lower and upper bound estimates published by Herman et al. Estimates were then rounded to the nearest 50th.

ENDNOTES

- ¹ Protection of Minors from Mutilation and Sterilization Act, H.B.20-1114, 72nd General Assembly, Second Regular Session (Colorado, 2020). Retrieved January 23, 2020 from https://leg.colorado.gov/sites/default/files/documents/2020A/bills/2020a_1114_01.pdf.
- ² Youth Health Protection Act, H.B. 3515, 101st General Assembly, 2019 and 2020, (Illinois, 2020). Retrieved January 23, 2020 from <http://www.ilga.gov/legislation/101/HB/10100HB3515.htm>
- ³ H.B. 321, Kentucky General Assembly, (Kentucky, 2020). Retrieved January 29, 2020 from https://apps.legislature.ky.gov/recorddocuments/bill/20RS/hb321/orig_bill.pdf.
- ⁴ S.B. 842, 100th General Assembly, Second Regular Session, (Missouri, 2020). Retrieved January 23, 2020 from <https://www.senate.mo.gov/20info/pdf-bill/intro/SB842.pdf>.
- ⁵ H.B. 1721, 100th General Assembly, Second Regular Session, (Missouri, 220). Retrieved January 23, 2020 from <https://www.house.mo.gov/billtracking/bills201/hlrbillspdf/3416H.011.pdf>.
- ⁶ H.B. 163, New Hampshire House of Representatives, 2019 Session, (New Hampshire, 2020). Retrieved January 23, 2020 from http://gencourt.state.nh.us/bill_status/billText.aspx?id=110&txtFormat=html&sy=2019.
- ⁷ S.B. 1819, 57th Legislature, Second Session, (Oklahoma, 2020). Retrieved January 23, 2020 from <http://www.oklegislature.gov/AdvancedSearchForm.aspx>.
- ⁸ Youth Gender Reassignment Prevention Act, H. 4716, South Carolina Legislature, Session 123, (South Carolina, 2020). Retrieved January 23, 2020 from <http://www.oklegislature.gov/AdvancedSearchForm.aspx>.
- ⁹ Vulnerable Child Protection Act, H.B. 1057, 95th Legislative Session, (South Dakota, 2020). Retrieved January 23, 2020 from <https://mylrc.sdlegislature.gov/api/Documents/63149.pdf>.
- ¹⁰ More specifically, care is recommended for those with a diagnosis of gender dysphoria—defined by the American Psychiatric Association as “a marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration (Rafferty, 2018; Hembree et al., 2017; APA, 2013).”

REFERENCES

- American Psychiatric Association. (2013). Gender Dysphoria. In *Diagnostic and Statistical Manual of Mental Disorders - 5th Edition*. doi:<https://doi.org/10.1176/appi.books.9780890425596.dsm14>.
- Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2018. Source: U.S. Census Bureau, Population Division. Release Date: June 2019. Retrieved from <https://factfinder.census.gov/bkmk/table/1.0/en/PEP/2018/PEPAGESEX>
- Clark, T. C., Lucassen, M. F., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The health and well-being of transgender high school students: results from the New Zealand adolescent health survey (Youth'12). *Journal of Adolescent Health*; 55, 93-9.
- Cornell University Public Policy Research Portal. (2017). What does the scholarly research say about the effect of gender transition on transgender well-being? Retrieved from <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.
- Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J.D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903. doi: 10.1210/jc.2017-01658.
- Herman, J. L., Flores, A. R., Brown, T. N. T., Wilson, B. D. M., & Conron, K. J. (2017). *Age of Individuals who Identify as Transgender in the United States*. The Williams Institute, Los Angeles, CA. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/TransAgeReport.pdf>.
- Herman, J. L., Brown, T. N. T., & Haas, A. P. (2019). *Suicide Thoughts and Attempts Among Transgender Adults Findings from the 2015 U.S. Transgender Survey*. The Williams Institute, Los Angeles, CA. Retrieved from <https://williamsinstitute.law.ucla.edu/research/suicide-transgender-adults/>.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2015). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. Washington, DC. Retrieved from <http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>.
- McGuire, J. K., Anderson, C. R., Toomey, R. B. & Russell, S. T. (2010). School climate for transgender youth: a mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39, 1175-88.
- National Center for Transgender Equality. (2015). *2015 United States Transgender Survey*. Retrieved from <http://www.ustranssurvey.org/reports>.
- Rafferty J, AAP Committee on Psychosocial Aspects Of Child And Family Health, AAP Committee On Adolescence, AAP Section On Lesbian, Gay, Bisexual, And Transgender Health And Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*; 142(4), 1-14. doi:10.1542/peds.2018-2162.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A.H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505. doi:10.1016/j.jadohealth.2018.02.003.
- Simons, L., Schrager, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53, 791-3.
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), 68-76. <https://doi.org/10.1542/peds.2019-1725>.
- Turban, J. L., King, D., Reisner, S. L., & Keuroghlian, A. S. (2019) Psychological attempts to change a person's gender identity from transgender to cisgender: Estimated prevalence across US States, 2015. *American Journal of Public Health*, 109, 1452-1454. <https://doi.org/10.2105/AJPH.2019.305237>.
- Wilson, E. C., Chen, Y.-H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The impact of discrimination on the mental health of trans*female youth and the protective effect of parental support. *AIDS and Behavior*, 20(10), 2203-2211. <https://doi.org/doi:10.1007/s10461-016-1409-7>.

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FOR MORE INFORMATION

The Williams Institute, UCLA School of Law
1060 Veteran Avenue, Suite 134
Box 957092
Los Angeles, CA 90095-7092
Phone: (310) 267-4382
Email: williamsinstitute@law.ucla.edu
Website: <https://williamsinstitute.law.ucla.edu>