

June 20, 2023

Friends and colleagues, legislators, and elected officials,

In 31 US States, despite federal protections, local and/or state officials have banned, or are attempting to ban access to gender affirming care (GAC)^{15,16} or undo HIPAA health privacy restrictions for Gender Non-Confirming (GNC) or Transgender (Trans) minors. Our community of CEOs and Executives join together in vocal protest to these bans. We insist that our legislators, healthcare providers, pharmacists, and social agencies support equitable and non-discriminatory access to critical and life-saving Gender Affirming Care to those who need it, at every age.

An estimated 300,000 - 1.3M Transgender and GNC American children and teens live in the US today.^{7,8} For Trans teens and adults with gender dysphoria, GAC encompasses services from family support to primary care access to gender affirming surgery. The US Dept. of Health & Human Services (HHS) defines GAC as “medical, surgical, mental health, and non-medical services for transgender and nonbinary people,” further stating that early access to GAC for minors is “crucial to overall health and well-being.”¹ Surgical care is a particular focus of political and media attention; yet it is extremely rare in minors (impacting less than 0.1% of the community).¹⁶ Minors with gender dysphoria in every state face enormous and growing obstacles in obtaining even basic gender-appropriate healthcare and mental health services due to a patchwork of state bans, discrimination, long waitlists for specialists, closing clinics, and pharmacy access issues for drugs and durable medical equipment.

Gender, gender identity, and sexual orientation are protected under multiple federal anti-discrimination laws and statutes. Nonetheless, more than 150 individual bills and executive orders proposed or enacted would strip healthcare rights and privacy from transgender minors, and punish GAC healthcare providers and parents with fines, felony criminal charges, and removal of medical licensure and/or funding.^{3,6} Anti-GAC bills grow daily in number and scope, with four states enacting bans until age 21 or 26. These directives can arise from a legitimate concern of potential harm to youth; however, the data does not support the claim of harm. The preponderance of medical evidence in favor of GAC is supported by vocal protests from the 1.3M physician members of the American College of Physicians, American Medical Association, American Academies of Pediatrics and Child & Adolescent Psychiatry, American Psychiatric Association, Endocrine Society, and the World Professional Association for Transgender Health.^{2,3}

Restrictions surrounding Gender Affirming Care are not only unjustly discriminatory, but also actively harmful. Trans and GNC teens face increasing mental health challenges and a 2.2x adjusted risk of self-harm, not because of their gender, but because of the direct discrimination they face.¹¹ Bans which restrict or eliminate access to new and ongoing GAC medical and psychological care put GNC adolescents in significant danger: one in four GNC teens exposed to direct discrimination will attempt suicide. Medical research has proven that even simple acts of affirmation (e.g., use of correct pronouns or names, gender-appropriate socialization, family/community support) as well as psychological care and medical support result in profoundly positive outcomes that persist through adulthood.^{11,12}

Banning medical care or eliminating medical privacy based solely on gender identity is a discriminatory act that places minors in acute physical and mental danger, against all medical judgement and ethics. Placing parents and GAC providers at legal, professional, or physical risk exacerbates access to care challenges.

Gender affirming care (GAC) is necessary healthcare. As doctors, scientists, innovators, caregivers, leaders, relatives, and parents of Trans and GNC children, we stand together for access to medical innovation for the benefit of patients –of all genders and all ages.

We denounce the actions of judges, legislators, and state executives to remove basic access to physician, therapist, and parent-guided GAC, and the legalization of anti-trans discrimination. We insist that our Federal Government, Congresspeople and local Representatives actively combat local actions that allow healthcare discrimination based on gender. Discrimination and fear have no place in medical practice, particularly when the lives and wellbeing of hundreds of thousands of children and adolescents are at stake.

Additionally, we ask our industry colleagues to support the following calls to action:

1. To call on FDA, Federal and State Executive, Legislative, and Judicial bodies to remove unnecessary barriers to GAC medicines that are recommended as safe and effective by medical associations.
2. To provide financial support and/or remote work arrangements for employees who need to travel or move to allow their dependents access to gender-affirming care and schools.
3. To enhance diversity, equity, and inclusion in employment practices, ensuring that LGBTQIA+ employees have safety and support to live and work within their authentic gender identities.
4. For companies that manufacture medicines or supplies used for GAC, to make these products widely accessible, and to advocate against any restrictions at the pharmacy or state level.
5. For companies working in states with active anti-Trans/anti-GAC laws, to partner with local advocacy groups to support health care access and equity for all.
6. For companies in the process of selecting new site location(s), to add a state's record of health equity to their selection criteria, and where possible, reduce their footprint in states with anti-GAC policies.

We cannot, as an industry, or as a nation, stay silent while the fundamental health and safety of children is threatened in a manner that challenges equitable access to healthcare. By [signing this letter](#) we commit to our collective fight to improve health equity for all. We will not stand by silently. We will continue to raise our voices to advocate for the care and wellbeing of Trans minors. For further education, please visit the information posted by the expert sources listed below and share what you learn.

Signed,

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Want to learn more? Read the latest from the experts:

The Human Rights Campaign: Get the Facts on GAC <https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>

American Academy of Pediatrics: Policy Statement October 2018: Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents
<https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected>

The Trevor Project 2021 Survey On LGBTQ+ Mental Health <https://www.thetrevorproject.org/survey-2021/>

National Center for Transgender Equality: State by State List_of Anti-GCA, Anti-Pronoun, Anti-Drag laws impact transgender youth <https://transequality.org/state-action-center>

1. ACP, Nov 11, 2022, Statement
2. Kraschel, K. et al, Cell Rep Med, Aug 2022
3. KFF, Jun 1, 2022, Youth Access to Gender Affirming Care, <https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>
4. Johns, M, 2017, CDC Morbidity and Mortality Weekly Report <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6803a3-H.pdf>
5. Trevor Project, 2021, Report on LGBTQ+ Youth Mental Health
6. Astor M, NYT, Jan 25, 2023. "G.O.P. State Lawmakers Push a Growing Wave of Anti-Transgender Bills"
7. UCLA Law Williams Inst, June 2022, Population of Transgender Adults and Youth
8. UCLA Law Williams Inst, 2017 Characteristics and Mental Health of Gender Non-Conforming Adolescents in California <https://williamsinstitute.law.ucla.edu/publications/gnc-youth-ca/>
9. Flores A, et al, PlosOne, 2022, Hate crimes against LGBT people: National Crime Victimization Survey, 2017-2019
10. UCLA Williams Institute, 2022, Prohibiting GAC for Youth, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Mar-2022.pdf>
11. Thoma BC, et al, Pediatrics, 2019, Suicidality Disparities Between Transgender and Cisgender Adolescents.
12. Turban JL, et al, Pediatrics, 2020, Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.
13. TransEquality.Org, July 2016, FAQ On Being Transgender
14. American Academy of Pediatrics, Pediatrics, October 2018, Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected>
15. HRC Resource Maps, 2023, State by State Maps, <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>
16. Respaut R, Terhune, C., Reuters, 2022, Youth in Transition (Komodo Analysis of Treatment in Transgender Minors 2017-2021) <https://www.reuters.com/investigates/special-report/usa-transyouth-data/>