

December 2, 2022

Department of Health
Board of Medicine and Board of Osteopathic Medicine

Re: 64B8-9.019 and 64B15-14.014: Standards of Practice for the Treatment of Gender Dysphoria in Minors

To Whom It May Concern:

The Endocrine Society appreciates the opportunity to comment on the Florida Department of Health's proposed rule banning the treatment of gender dysphoria in minors. The Endocrine Society is the world's oldest and largest organization of scientists devoted to hormone research and physicians who care for people with hormone-related conditions. Many of our 18,000 members are recognized for their expertise in transgender medicine and research. As such, **the Endocrine Society strongly opposes the discriminatory rule, which would deny minors with gender dysphoria access to evidenced-based, medical interventions that are designed to improve their health outcomes and alleviate suffering. We call on the Florida Department of Health to withdraw the rule immediately.**

Understanding Gender Identity and Gender Dysphoria

Gender dysphoria is a clinical condition that is marked by distress due to an incongruence between the patient's gender identity (i.e., the innate sense of oneself as being a particular gender) and sex assigned at birth. This incongruence can lead to clinically significant distress and impair functioning in many aspects of the patient's life.¹ If untreated or inadequately treated, gender dysphoria can cause depression, anxiety, self-harm, and suicidality.² In fact, over 60% of transgender adolescents and young adults reported having engaged in self-harm during the preceding 12 months, and over 75% reported symptoms of generalized anxiety disorder in the preceding two weeks.³ Even more troubling, more than 50% of this population reported having seriously considered attempting suicide, and more than one in three transgender adolescents reported having attempted suicide in the preceding 12 months.⁴ Consequently, effective treatment of gender dysphoria saves lives.

Scientific Evidence Indicates the Effectiveness of Treating Gender Dysphoria According to the Guidelines

The widely accepted recommendation of the medical community, including that of the Endocrine Society, is that "gender-affirming care" is the standard of care for treating an individual with gender dysphoria. Gender-affirming care is care that supports individuals with gender dysphoria as they explore their gender identity. The protocols for providing gender-affirming care are laid out in evidence-based clinical guidelines created by the Endocrine Society and WPATH.⁵ Both sets of guidelines have been developed by expert clinicians who have worked with gender dysphoric patients for many years. These guidelines are the product of careful and robust deliberation following the same types of processes—and subject to the same types of rigorous requirements—as other treatment guidelines established by other medical organizations.



The Guidelines describe that all youth with gender dysphoria should be evaluated, diagnosed, and treated by a qualified health care professional. The Guidelines also provide that each patient who receives gender-affirming care should receive only evidence-based, medically necessary, and appropriate interventions that are tailored to the patient's individual needs. For prepubertal children suffering from gender dysphoria, the Guidelines recommend mental healthcare and support for the child and their family.⁶ The Guidelines do not recommend that any medical interventions (such as medications or surgery) be provided to prepubertal children with gender dysphoria.⁷ For adolescents with persistent gender dysphoria that worsens with the onset of puberty, gender-affirming care may include medical interventions to align their physiology with their gender identity.⁸ Empirical evidence indicates that gender-affirming care, including gender-affirming medical interventions, in carefully evaluated patients who meet diagnostic criteria can alleviate clinically significant distress and lead to significant improvements in the mental health and overall well-being of adolescents with gender dysphoria.

The results of multiple studies indicate that adolescents suffering from gender dysphoria who receive medical interventions as part of their gender-affirming care experience improvements in their overall well-being. Nine studies have been published that investigated the use of puberty blockers on adolescents suffering from gender dysphoria,⁹ and eight studies have been published that investigated the use of hormone therapy to treat adolescents suffering from gender dysphoria.¹⁰ These studies find positive mental health outcomes for those adolescents who received puberty blockers or hormone therapy, including statistically significant reductions in anxiety, depression, and suicidal ideation. The available data indicate that the gender-affirming treatments prohibited by the Florida rule are effective for the treatment of gender dysphoria. The Endocrine Society believes adolescents in Florida suffering from gender dysphoria should have unimpeded access to the evidence-based care they need, and qualified physicians must be able provide that care without interference.

The Proposed Rule Would Irreparably Harm Many Adolescents with Gender Dysphoria by Denying Access to the Treatment They Need

The proposed rule is discriminatory and denies adolescents with gender dysphoria access to medical interventions that alleviate suffering, are grounded in science, and are endorsed by the medical community. The medical treatments prohibited by the proposed rule can be a crucial part of treatment for people with gender dysphoria and can be lifesaving. As discussed above, research shows that people with gender dysphoria who receive gender-affirming care experience less depression, anxiety, and suicidal ideation. Several studies have found that hormone therapy is associated with reductions in the rate of suicide attempts and significant improvement in quality of life.¹¹ Considering this evidence supporting the connection between lack of access to gender-affirming care and lifetime suicide risk, banning such care can put patients' lives at risk.

The Endocrine Society urges the Florida Department of Health to withdraw the rule.

Sincerely,

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President, Endocrine Society



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- ¹ See, e.g., Jason Rafferty, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents, 142(4) PEDIATRICS e20182162, at 2-3, tbl.1 (2018) (hereinafter, “AAP Policy Statement”), <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>.
- ² Brayden N. Kameg & Donna G. Nativio, Gender Dysphoria In Youth: An Overview For Primary Care Providers. 30(9) J. AM. ASSOC. NURSE PRAC. 493 (2018), <https://pubmed.ncbi.nlm.nih.gov/30095668>
- ³ Amit Paley, The Trevor Project 2020 National Survey, at 1, <https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf>.
- ⁴ Michelle M. Johns et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017, US Dep’t of Health and Human Servs., Centers for Disease Control & Prevention, 68 MORBIDITY & MORTALITY WKLY. REP. 67, 70 (2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6803a3-H.pdf>.
- ⁵ Wylie C. Hembree et al., Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons, 102(11) J. CLINICAL ENDOCRINOLOGY & METABOLISM 3869 (Nov. 2017) (hereinafter, “Endocrine Society Guidelines”), <https://academic.oup.com/jcem/article/102/11/3869/4157558>; WPATH, Standards of Care for the Health of Transgender and Gender Diverse People (8th Version) (hereinafter “WPATH Guidelines”), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.
- ⁶ at S73-S74; Endocrine Society Guidelines at 3877-78
- ⁷ WPATH Guidelines at S64; Endocrine Society Guidelines at 3871.
- ⁸ Endocrine Society Guidelines at 3878 tbl.5.
- ⁹ Christal Achille et al., Longitudinal Impact of Gender-Affirming Endocrine Intervention on The Mental Health and Wellbeing of Transgender Youths: Preliminary Results, 8 INT’L J PEDIATRIC ENDOCRINOLOGY 1-5 (2020), <https://pubmed.ncbi.nlm.nih.gov/32368216>; Polly Carmichael et al., Short-Term Outcomes of Pubertal Suppression in a Selected Cohort of 12 to 15 Year Old Young People With Persistent Gender Dysphoria in the UK, 16(2) PLOS ONE e0243894 (2021), <https://pubmed.ncbi.nlm.nih.gov/33529227>; Rosalia Costa et al., Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria, 12(11) J. SEXUAL MED. 2206–2214 (2015), <https://pubmed.ncbi.nlm.nih.gov/26556015>; Annelou L.C. de Vries et al., Puberty Suppression In Adolescents With Gender Identity Disorder: A Prospective Follow-Up Study, 8(8) J. SEXUAL MED. 2276-2283 (2011), <https://pubmed.ncbi.nlm.nih.gov/20646177>; Annelou L.C. de Vries et al., Young Adult Psychological Outcome After Puberty Suppression And Gender Reassignment, 134(4) PEDIATRICS 696-704 (2014), <https://pubmed.ncbi.nlm.nih.gov/25201798>; Laura E. Kuper, et al., Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy, 145(4) PEDIATRICS e20193006 (2020), <https://pubmed.ncbi.nlm.nih.gov/32220906>; Jack L. Turban et al., Pubertal Suppression For Transgender Youth And Risk of Suicidal Ideation, 145(2) PEDIATRICS e20191725 (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7073269>; Anna I.R. van der Miesen, Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers, 66(6) J. ADOLESCENT HEALTH 699-704 (2020); Diana M. Tordoff et al., Mental Health Outcomes In Transgender And Nonbinary Youths Receiving Gender-Affirming Care, 5(2) JAMA NETWORK OPEN e220978 (2022), <https://pubmed.ncbi.nlm.nih.gov/35212746/>.
- ¹⁰ Christal Achille et al., Longitudinal Impact of Gender-Affirming Endocrine Intervention on The Mental Health and Well-Being of Transgender Youths: Preliminary Results, 8 INT’L J. PEDIATRIC ENDOCRINOLOGY 1-5 (2020), <https://pubmed.ncbi.nlm.nih.gov/32368216>; Luke R. Allen et al., Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones, 7(3) CLINICAL PRAC. PEDIATRIC PSYCH. 302 (2019), <https://psycnet.apa.org/record/2019-52280-009>; Diego Lopez de Lara et al., Psychosocial Assessment in Transgender Adolescents, 93(1) ANALES DE PEDIATRIA 41-48 (English ed. 2020), <https://www.researchgate.net/publication/342652073>; Annelou L.C. De Vries et al., Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment, 134(4) PEDIATRICS 696-704 (2014); Rittakerttu Kaltiala et al., Adolescent Development And Psychosocial Functioning After Starting Cross-Sex Hormones For Gender Dysphoria, 74(3)



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¹¹ See M. Hassan Murad et al., Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes, 72(2) Clinical Endocrinology 214 (Feb. 2010), <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2265.2009.03625.x>; see also Turban et al., Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation, supra note 50.