Texas Senate State Affairs
Senate Bill 14 by Senator Donna Campbell, MD

On behalf of the:
Texas Pediatric Society

March 16, 2023

Chair Hughes, Vice-Chair Paxton, and Committee Members,

My name is Dr. Louis Appel, a practicing primary care pediatrician, and current President of the Texas Pediatric Society (TPS). Thank you for the opportunity to testify on behalf of the TPS which represents more than 4,800 pediatricians, pediatric subspecialists, and medical students.

I am here testifying on behalf of the Texas Pediatric Society in opposition to Senate Bill 14. SB 14 would cause significant harm to the health of transgender youth in Texas and prohibit physicians from using their medical education, training, and experience to work with families to determine the best course of treatment for their children. Indeed, SB 14 would require the Texas Medical Board to revoke the license of a physician following established care guidelines.

Pediatricians are dedicated to the health and wellbeing of our patients. We view every clinical decision we make, or treatment plan we develop as a way to improve the lives of children. To accomplish this, we must be able to practice medicine based on our years of medical education, training, and experience without interference or threat of punishment or retaliation. The practice of medicine requires open, confidential communication between the physician and the patient and their family no matter if the child is struggling with cancer or gender dysphoria.

1.8% of youth identify as transgender, and an additional 1.6% are questioning or gender diverse.[1] **Transgender children are first and foremost, children**. Transgender children and teens are particularly at risk of feeling unsafe and reporting suicidal ideations – over 50 percent have suicidal ideations and one third attempt suicide.[2] We know that when youth are provided with appropriate gender affirming care, including puberty suppressing medication, the risk of lifetime suicidal ideation falls dramatically.[3]

Medical care for transgender youth is evidence-based and has proven effectiveness. Guidelines for appropriate treatment have been carefully developed and endorsed by the American Academy of Pediatrics[4], the American College of Obstetrics and Gynecology[5], the Pediatric Endocrine Society[6], the American College of Physicians[7], World Professional Association for Transgender Health[8], and the American Psychological Association.[9]

The decision to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. The process involves psychological and medical evaluations over time, with the participation and consent of a child's parents. Gender affirming care for children with gender diversity or gender dysphoria begins with social affirmation. Before puberty, there is no medical or surgical treatment that is used at all. Care for these children includes allowing them to express themselves for who they are – including living with the name and pronouns that are true for them. We know that social transitioning alone reduces the risk of suicide for transgender youth.[10]

Only after the onset of puberty is medical treatment considered, and only in some patients – again, with complete consent of the child's parents. **Treatment with medications to temporarily suppress puberty is reversible and allows the patient and their family time, with the ongoing medical supervision of their doctor, to explore their gender identity, access psychosocial supports and further determine their treatment goals**. Data shows that puberty suppression leads to improved mental health and decreases in suicidal ideations for transgender youth. These same medications are commonly prescribed for other conditions, such as early puberty in children and prostate conditions in men, and their safety is well documented.

Later, generally after the age of 16 and after living in their gender identity for some time, teenagers with the consent of their parent can elect to receive hormonal therapy if it is indicated. Hormonal therapy has some effects that are reversible and some that are not and, when it occurs, only occurs after extensive discussion with the patient, family, and health care team. Surgical procedures in minors are not typically part of the standard of care.

As physicians, we must be able to practice medicine that is informed by our years of medical education, training, experience, and available evidence, which does evolve with time. All medical treatments involve weighing the risks and benefits of both treating a condition and not treating it. Gender affirming care in the treatment of gender dysphoria is no different, and considering the various factors that come into play for individual patients and families is something that is best left to the patients and their families with guidance and consultation from their health care providers—without threat of punishment. A blanket ban on these medical treatments is a very blunt instrument for the state to use and prohibits treatment options that are critical for the health and wellbeing of transgender youth with gender dysphoria.

This bill rejects thoughtful and effective evidence-based treatment for a vulnerable group of children. It creates barriers that will cause Texas families irreversible harm and increases the risk of negative health outcomes for transgender youth. Thank you for the opportunity to testify against Senate Bill 14.

For any questions or follow-up please contact Clayton Travis, Director of Advocacy and Health Policy with the Texas Pediatric Society at Clayton.Travis@txpeds.org.

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[1] Jones B, Arcelus J, Bouman W, Haycraft E. Sport and Transgender People: A Systematic Review of theLiterature Relating to Sport Participation and Competitive Sport Policies. Sports Med. 2017; 47(4): 701–716.

[2] Ibid.

[3] Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics.* Feb 2020;145(2)doi:10.1542/peds.2019-1725

[4] Rafferty J. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Gay, Lesbian, Bisexual and Transgender Health and Wellness. *Pediatrics.* Oct 2018, 142 (4) e20182162; DOI: https://doi.org/10.1542/peds.2018-2162

[5] Care for Transgender Adolescents. Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Committee opinion, January 2017 number 685 (Reaffirmed 2020). https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/care-for-transgender- adolescents

[6] Hembree W, Cohen-Kettenis P, Gooren L, Hannema S, Meyer W, Murad M, Rosenthal S, Safer J, Tangpricha V, T'Sjoen T. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

[7] Safer J, Tangpricha V. Care of the Transgender Patient. *Annals of Internal Medicine*. July 2, 2019. https://doi.org/10.7326/AITC201907020

[8] Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. The World Professional Association for Transgender Health. 2011. https://www.wpath.org/publications/soc, Accessed January 9 2021.

[9] Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychological Association. *American Psychologist,* December 2015. Vol. 70, No. 9, 832–864 http://dx.doi.org/10.1037/a0039906

[10] Ibid.