**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 15 – 2020**

**Introduced by:** OSMA Medical Student Section

**Subject:** Supporting Gender-Affirming Care for Transgender and

Gender Minority Patients

**Referred to:** Resolutions Committee No. 2

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**WHEREAS**, Gender affirmation refers to the process of being recognized in one’s gender identity through social, psychological, legal practices as well as medical activities including pubertal blockers, hormones, surgery, or other body modification1; and

**WHEREAS**, Gender-affirmative health care refers to care that is sensitive, responsive, and affirming to transgender patients' gender identities and/or expressions1; and

**WHEREAS**, When surveyed in 2015, 32% of transgender patients in Ohio reported a negative healthcare provider interaction due to their gender, 26% avoided needed medical care due to fear of mistreatment by healthcare providers, and 15% reported that a professional tried to stop them from being transgender2; and

**WHEREAS**, Transgender individuals who delay healthcare because of fear of discrimination are shown to have worse general health and mental health outcomes3; and

**WHEREAS**, transgender youth are at increased risk of suicide with over 50% of female-to-male transgender youth reporting an attempted suicide (compared to 14.1% among all adolescents)4. This rate translates to nearly 500 attempted suicides by Ohioan female-to-male transgender youth alone5; and

**WHEREAS**, Transgender children whose identities are supported show rates of mental illness comparable to cisgender youth, while transgender youth who are not allowed to socially transition show increased rates of mental illness6; and

**WHEREAS**, Transgender youth given gender-affirming treatment showed improved mental wellness and decreased levels of suicidality7; and

**WHEREAS**, Transgender youth and adults face significant barriers to receiving gender-affirming treatments including a scarcity of physicians trained in gender-affirming care, cultural competence of providers and staff, and insurance coverage of treatments8,9; and

**WHEREAS**, The American Academy of Child and Adolescent Psychiatry supports evidence-based, individualized, gender-affirming care for transgender youth, and opposes any efforts to blocking access to this care10; and

**WHEREAS**, Both the American Academy of Pediatricians and the American Academy of Family Physicians have policies in place supporting gender-affirming care11,12; and

**WHEREAS**, The OSMA has prior policies that support LGBT protections (*OSMA Policy 22-2016; 22-2017),* educational training on cultural competency (*25-2017*), and gender-inclusive intake forms (*23-2016).* While AMA has policies that support gender-inclusive intake forms (*AMA Policy H-315.967; D-315.974),* advocate for education on the spectrum of gender (*D-295.312, H-65.962*), support research on minimizing disparities for transgender and gender minority populations (*H-160.991, H-295.878*), and opposes mandated reporting of gender questioning individuals (*H-65.959*); and

**WHEREAS**, The 2020-2023 OSMA strategic plan includes a focus on advocacy13; **therefore be it**

**RESOLVED**, That the OSMA reaffirm existing Policy 23-2016 - Expanding Gender Identity Options on Physician Intake Forms (see below relevant policy); and, **be it further**

**RESOLVED**, That the OSMA supports individualized, gender-affirming, evidence-based treatment and clinical practices in caring for transgender and gender minority patients; and, **be it further**

**RESOLVED**, That the OSMA supports educational training to further educate healthcare providers on how to provide competent, respectful, evidence-based care to transgender and gender minority patients.

**Fiscal Note:** $ 5,000 (Sponsor)

 $ 5,000 (Staff)

**References:**

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4. Toomey RB, Syvertsen AK, Shramko M. Transgender Adolescent Suicide Behavior. 2018;142(4):20174218. www.aappublications.org/news. Accessed December 8, 2019
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6. Olson KR, Durwood L, Demeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. Pediatrics. 2016;137(3). doi:10.1542/peds.2015-3223
7. Allen LR, Watson LB, Egan AM, Moser CN. Well-being and suicidality among transgender youth after gender-affirming hormones. Clin Pract Pediatr Psychol. 2019;7(3):302-311. doi:10.1037/cpp0000288
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11. Rafferty J, Yogman M, Baum R, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatrics. 2018;142(4). doi:10.1542/peds.2018-2162
12. Delegates Focus on Race in Medicine, Gender-affirming Care. https://www.aafp.org/news/inside-aafp/20190501nccl-hops.html. Accessed December 8, 2019.
13. New OSMA Strategic Plan In Progress. https://www.osma.org/aws/OSMA/pt/sd/news\_article/247937/\_self/layout\_details/false. Accessed December 8, 2019.
14. The Human Rights Campaign. Supporting & Caring for Transgender Children. https://www.hrc.org/resources/supporting-caring-for-transgender-children. Accessed January 17, 2020.

**Relevant OSMA Policy:**

**Policy 22 – 2016 – Lesbian Gay Bisexual Transgender Queer (LGBTQ) Protection Laws**

1. The OSMA supports the protection of Lesbian Gay Bisexual Transgender Queer (LGBTQ) individuals from discriminating practices and harassment.

2. The OSMA advocates for equal rights protections to all patient populations.

**Policy 23 – 2016 – Expanding Gender Identity Options on Physician Intake Forms**

1. The OSMA supports non-mandatory patient intake forms that allows for sex (assigned at birth) and gender identification that are more inclusive than the binary male/female traditionally asked.

**Policy 22 – 2017 – Opposition to the Practice of LGBTQ “Conversion Therapy” or “Reparative Therapy”**

1. The OSMA affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative are not inherently suffering from a mental disorder.

2. The OSMA strongly opposes the practice of “Conversion Therapy,” “Reparative Therapy” or other techniques aimed at changing a person’s sexual orientation or gender identity.

**Policy 25 – 2017 – Longitudinal Approach to Cultural Competency Dialogue on Eliminating Health Care Disparities**

1. The OSMA encourages all medical education institutions in Ohio to engage in expert facilitated, evidence based dialogue in cultural competency and the physician’s role in eliminating cultural health care disparities in medical treatment.