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Axios Explains

Axios Explains: Gender-affirming care in the U.S.



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Illustration: Allie Carl/Axios

A growing number of states are authorizing restrictions on gender-affirming care, stoking public confusion about what it entails and where it's permitted.

State of play: Individual states have started enacting bans on gender-affirming care for trans youth in 2023, and more than 100 anti-trans health care bills have been introduced in state legislatures so far, according to [data](#) from the American Civil Liberties Union.

- Most of these bills look to bar access to care — mainly surgery, hormone therapy and puberty blockers — for minors who seek to have their gender identity supported. However,

required to cover these medical services.

- While most of the measures focus on classifying gender-affirming care to minors as [medical malpractice](#), some could make it a [crime punishable](#) by large fines and prison times.
- Health experts say most anti-trans state bills are [based on scientifically inaccurate information](#).

What gender-affirming care is

The [World Health Organization](#) defines gender-affirming care as a range of social, psychological, behavioral and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth.

- Major medical organizations, including the [American Medical Association](#) and the [American Academy of Pediatrics](#), consider this type of care to be medically necessary and potentially lifesaving for transgender youth.
- 71% of LGBTQ youth — including 86% of trans and/or nonbinary youth — say the debate around state laws "restricting the rights of LGBTQ young people" has negatively impacted their mental health, according to a 2022 [poll by The Trevor Project](#), which provides crisis intervention services.

1. The first step is usually social transition and counseling.

- Trans kids who choose to undergo gender-affirming care usually start with [social transition](#), meaning the young person presents in their preferred gender. They may also begin counseling.
- Health providers encourage a minor's guardians and others around them to participate in [social affirmation](#) by referring to them with their preferred pronouns and name and supporting their gender expression.

2. Next, mostly reversible treatments might be considered.

- In consultation with their family and health providers, as a patient gets older, they may then move on to treatments such as puberty blockers, which look to delay pubertal physical changes. A patient may also choose to undergo hormone therapy, [some of the effects of which are reversible](#), depending on which stage of treatment.
- Taking puberty blockers can allow a patient to take more time to decide whether they want to allow pubertal changes to take place or instead take cross-sex hormones, which work to develop sex characteristics associated with their preferred gender.
- [Medical guidelines](#) generally state blockers and hormone therapy can be started once a youth starts to exhibit physical changes from puberty.

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- Certain gender-affirming surgeries might be offered to teens, but this is on a case-by-case basis, [evaluated by multiple health professionals](#).

Coverage and treatment for care

Most public and private health plans are prohibited from discriminating against a person because of their transgender identity, per the National Center for Transgender Equality. However, some health plans [might exclude coverage](#) for this type of care.

- Often, a person must be diagnosed with gender dysphoria — defined as distress related to gender incongruence — [to obtain coverage](#).
- "A long-lasting and intense pattern of gender nonconformity or gender dysphoria" is a criterion for receiving hormone therapy, per [the World Professional Association for Transgender Health](#), a medical nonprofit that lays out standards of care.
- [WPATH](#) argues it's inappropriate to diagnose a patient as mentally ill. The group recommends that providers treat for gender incongruence instead of dysphoria, the former of which is regarded as a [sexual health condition](#) instead of mental health one.

What they're saying: There is no one-size-fits-all approach to gender-affirming care, as some patients may seek medical treatments while others may not, said Jerrica Kirkley, a physician

people and delivered in a culturally competent and clinically competent way," Kirkley added.



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